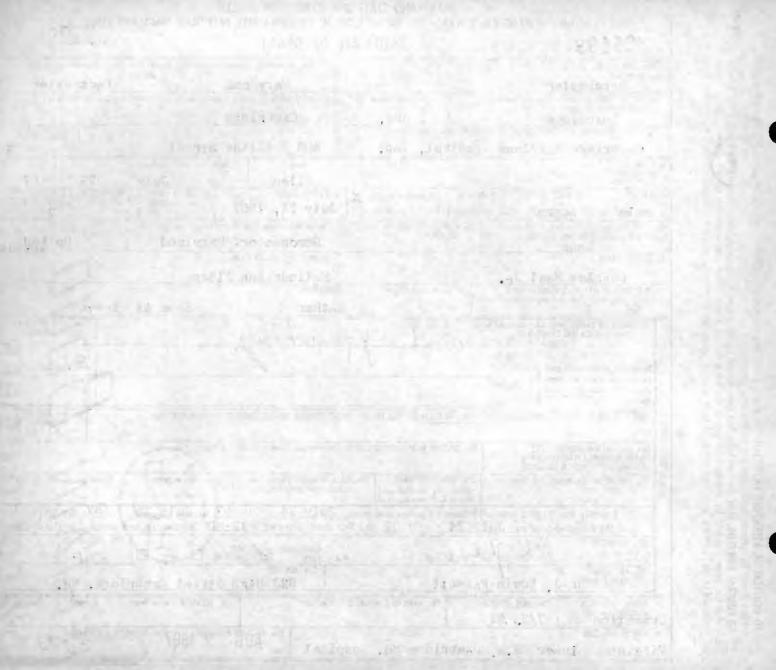
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09497 09498 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY DORCHESTER MARYIAND DORCHESTER b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give neorest tawn) Sda. CAMBEIDGE AMBRIDGE The low requires that the death certificate be executed within 24 hou d_NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS ips Ave. YES NO X NAME OF Middle 4. DATE Year campletely DECEASED DELLA 7 19 67 (Type or print) Holams DEATH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost prohdoy) Months Hours 01-19-86 WIDOWED DIVORCED IDo. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY none none 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME attending permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 5 214-07-73184 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: FAIL URE CONGESTIVE HEART IMMEDIATE CAUSE (o). DUE TO signed Conditions, if ony, which gove PNEUMONIA 15 DAYS rise to immediate couse (a), DUE TO stoting the underlying couse BREAST & METASTASIS TO THE LUNG 10+ YRS. (CANCER OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? GENERALIZED ARTERIOSCLEROSIS T CHRONIC BRAIN SYNDROME NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER' 2Dc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form. (City or town) (Stote) (County) Hour o.m. foctory, street, affice bldg., etc.) Not While of work ot work 21. I certify that (1) (this hospital) attended the deceased from JUNE 1967 to 29 JULY be retoined JULY 19 67, and that death occurred of 900 AM, from causes and on the date stated above TO FUNERAL DIRECTOR: saw the deceased alive on 220. SGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS KILLORAN WALTER REED GEN. HOSP BOK 291 director, should b 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Dorchester Memorial Park Cambridge, Md 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

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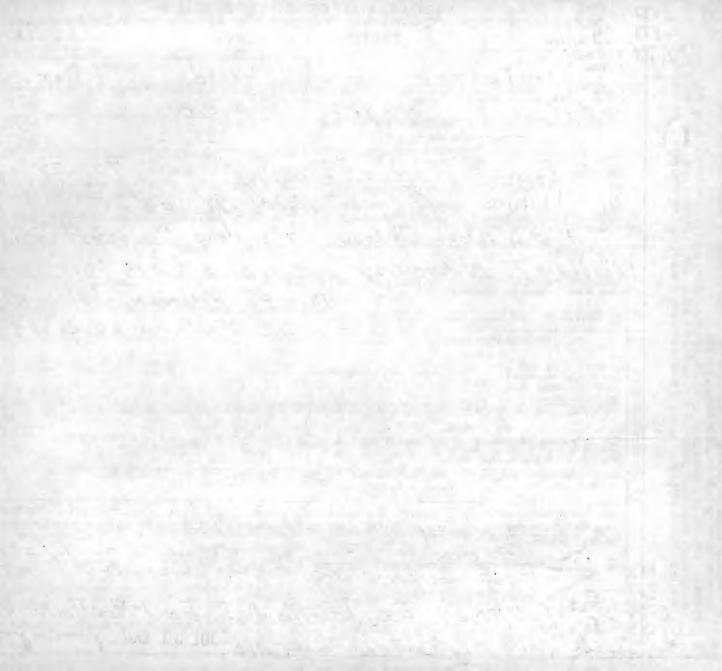
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 19498 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY hours after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Dorchester c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Cambridge d. NAME OF HUSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? 24 NOT YES complex. Cambridge-Maryland
3. NAME DF First 60/ Academy Hosnita] death certificate be executed within Middle Last DATE Month Day DECEASED (Type or print) 19 DEATH A dams DATE OF BIRTH Levin 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 5. SEX 7. MARRIED NEVER MARRIED White March 3.1905 Male DIVORCED WIDOWED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Golden Hill, Dorchester Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova Anna Jarrett John Quincy Adams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITYNO. 17. INFORMANT 60 Addr Academy St. permit. 5 (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Helen T. Adams, Cambridge, Md. cremation. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). 3+ WEEKS METASTATIC CARCINOMIA TO DUE TO Conditions, If any, which + YEAR CARCINGMA LARYNX (b) gave rise to immediate 라 DUE TO cause (a), stating the as the underlying cause last. 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work 7-3c . 19 67, to ___ 7-3c, 1967, that (b) (we) last 21. I certify that (11) (this hospital) attended the deceased from. DIRECTOR: age 3 should iled with the 19 6 7, and that death occurred 10 11 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE 7-31-67 M.D. DIRECTOR FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS BOX 356 TO FUNERA director, should be NAME (Type) MECHATER JAMES MARYLAND CAMBRIDGE BURIAL, CREMATION, 23b. DATE THEREOF BURIAL, (Specify)
BURIAL, Aug. 2.19 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Dorchester Memorial Aug. 2, 196 Park. Cambridge Md. ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE PUNERAL DIRECTOR Cambridge, Md. VR A15 (4) 20M 1/65

BALTHARDS PANT SECTION ! m18.2m3-10 Lasterials, Swa Derrit Lenderson year, a see problem of the bearing of the ES CATALL SOUND The state of the s . . . d trade moro . Las in my recoil State of the state the madely decided military the substitute with their a so a free tree, and the thirty Silly by aprential

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09499 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE h. COUNTY Dorchester Dorchester Mary land MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge Cambridge 2 hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B. IS RESIDENCE ON A FARM? d STREET ADDRESS 808 Phillips Street Cambridge Maryland Hospital, Inc. YES NO X NAME OF 4. DATE Lost Month Doy Year DECEASED Allen 25 1967 DEATH Ju Lv Type or print requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours July 24, 1967 Negro Ma 1e WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT INDUSTRY Dorchester Mary Land None 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME the ottending phy sit permit. Then Malinda Ann Allen Charles Neal Jr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) [(If yes give wor or dates of service Mother Same As Above INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse the O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [the hospitol OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased from July 24 , 19 67 to July 25 , 1967, that (I) (we) last saw the deceased alive on July 24 19 67, and that death accurred at 12:30% fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED STAFF 8-1-67 DIRECTOR L M.D. PHYS. 22d. ADDRÉSS 22c. PHYSICIAN'S NAME (Type) Dr 623 High Street Cambridge, Md. J Edwin Fassett director, should 23b DATE THEREOF 23d. LOCATION (City or Tawn) 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) Cremation 7/25 ,67 **ADDRESS** 24. FUNERAL DIRECTOR Virginia Skinner R.N. Cambridge Md. Hospital DATE



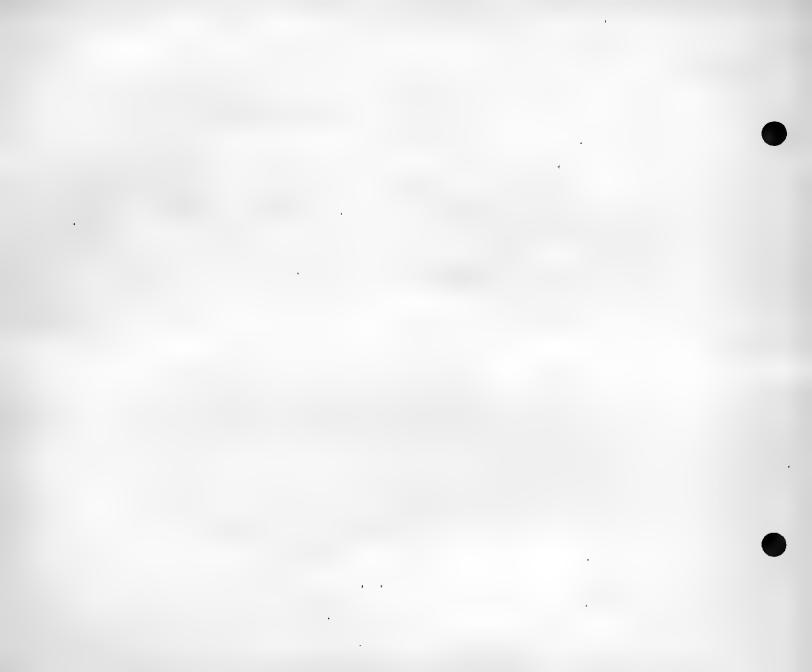
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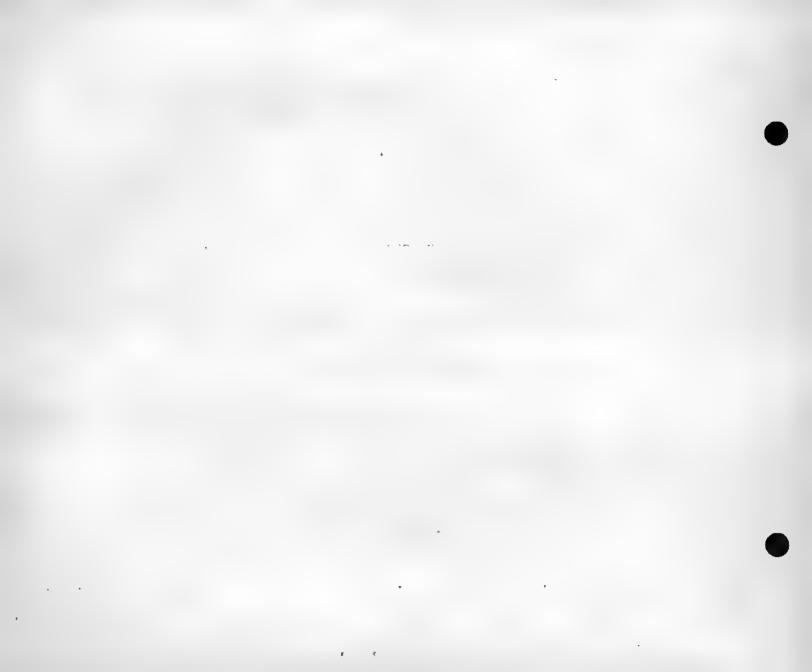


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09501 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Maryland Dorchester b. COUNTY Dorchester MARYLAND b. CITY OR TOWN (If autside corporate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL odd give nearest town) popers. Pag. hin 72 hours a Life Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Cambridge Maryland Hospital Arcade Apartments YES NO IX NAME OF Middle 4. DATE First Lost remove carbon Day Year completely DECEASED BRADLEY JESSE July 16 Jr. vent. (Type or print) DEATH 19 67 IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED TX DATE OF BIRTH 9. AGE (In years NEVER MARRIED Male birthdoy) Months White Jan. 28, 1893 Days WIDOWED in any ond 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired).
Plant Foreman-Retired edse INDUSTRY COUNTRY? puo Cambridge, Maryland Food Canning USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal. ottending phys Jesse M. Bradley Mary Sollaway IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Dermit. (Yes, no or unknown) (If yes give war or dotes at service Mr. Michael Bradley, Cambridge, Maryland unk cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH MPHYSEMA IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. signed by **DUE TO** buriol, Canditians, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause be detached for use as the State Dept. of Health prior to has been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? 13RONCH1713 NO certificote 20o. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram that (I) (we) last director, page 3 should should be filed with the saw the deceased alive an___ and that death accurred av. 45 A.M. fram causes and an the date stated above. 220_SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. 22c. PHYSICIAN'S NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION LIGHT or Town) 23a. BURIAL, CREMATION. 23b. DATE THEREOF (State) REMOVAL (Specify) July 19 1967 Dorchester Memorial Park Cambridge, Maryland 250. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 [4] 25M 1/67 LeCompte Funeral Service, Cambridge, Maryland Ochenda 1967

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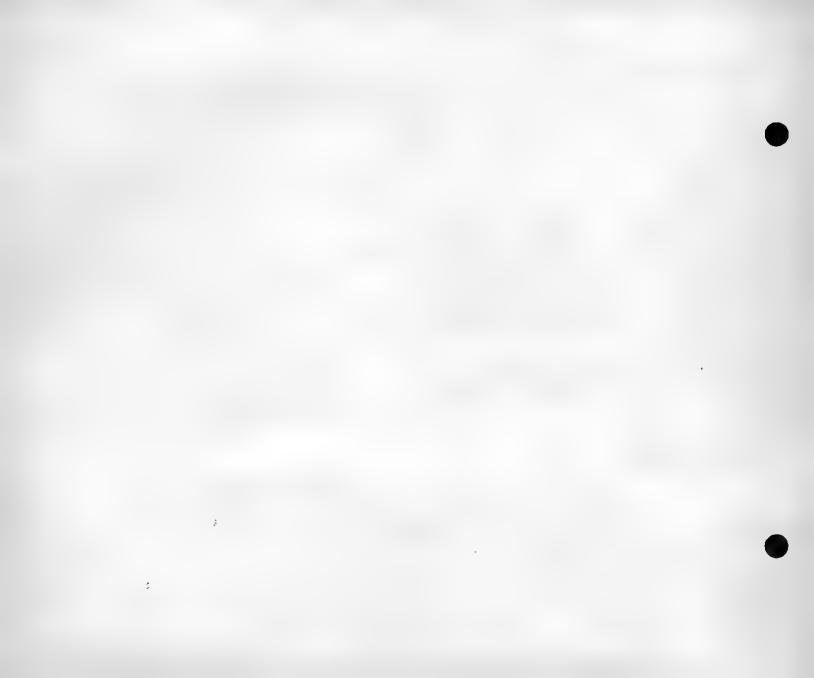


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10	O USUAL OCCUPATIO	N (Give kind of work done glife, even if retired)		ND OF BUSINESS OR OUSTRY	11 BI	IRTHPLACE (County	& Stote, or fore		12 CITIZ COUI	TEN OF WHAT NTRY? S	
1:	Unknowi	1			14. M	oward, HOTHER'S MAIDÉN Unkn					
(S WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give war or doles o	f serv cell	SOCIAL SECURITY NO 13-05-429(A Vi			Addre	ster.	Md.	
		DEATH (Enter only one counTH WAS CAUSED BY, IMMEDIATE CAUSE	se per line for (o) Cor							INTERVAL BETWEEN ONSET AND DEATH	
	Canditions, if an rise to immedio stating the und	y, which gove) te couse (a),	(b)	···						l week	
ATION	PART II OTHER S	SIGNIFICANT CONDITIONS Q	(c)ONTRIBUTING 1	O DEATH BUT NOT RELAT	ED TO THE TERM	MINAL DISEASE CO	NO TON GIVEN	IN PART 1(a)		19 WAS ALTOPSY PERFORMED? YES NO]
MEDICAL CERTIFICATION	200 ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING GCAUSE OF DEATH MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY OCCU	JRRED (Enter no	oture of injury in	Port 1 or Port 1	L of item 18)			
MEDICA	p	JURY Month, Doy, Year m. 19	While of war	k Not While of work	foctory, stree	VIURY (Home, for et, office bldg , etc	.)	(City or town)	(Control)		
	saw the o	ify that (I) (this has leceased alive of	pitol) often	ded the deceased fr	OIII	ch 30 , h occurred a	19 <u>07</u> , ta. tM,	fram causes	and an the	, that (I) (we) la date stated abov	-
	22c SIGNATURE 22c PHYSICIAN	1700	las		M.D PH	TENDING YS 24 ADDRESS	MED DIRECTOR C	STAFF PHYS.	22b DATI Augu	ist 1. '6	
	NAME (Type	Dr. J.	Edwin	Fassett	6	ADDRESS 23 Hig	h Stre	et, Ca	amb.,	Md.	
2	30 BURIAL, CREMAT. REMOVAL (Spec) 24. Funeral Direct	ど ショー	67	BATTS ADDRESS		k	D BY REGISTRA	ATION (City or To	\$466	County) (State)	PA
	24. FUNERAL DIRECT	MAChiE	1/ -	FAS TON 11	112	DATE	UG 4	1967 "	Helian	las Judge.	

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 39507 CERTIFICATE OF DEATH COKUE hin 72 havrs after death 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH o. COUNTY o STATE 5 COUNTY ester. MARYLAND b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours Cambridge .5 d NAME OF HOSPITAL OR INST JUTION of not in hospital, give street address) e. IS RES DENCE ON A FARM? d. STREET ADDRESS filled ! Eastern STIORE YES. NO X NAME OF First Lost DATE Month Year DECEASED OF DEATH campletel NS 41 19 4 (Type or print) S SEX 6. COLOR, OR KACE IF UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH n yeorg birthdoy Months Hours IN ORY temale WIDOWED DIVORCED and 10o USUAL OCCUPATION (Give kind of work done OB KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) please during most of working life even if retired) INDUSTRY **COUNTRY?** and HIBLIC Schools eac 13. FATHER'S NAME 14. MOTHER 5 MAIDEN NAM ar removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART I. DEATH WAS CAUSED BY. burial-transit IMMEDIATE CAUSE (a) DUE TO signed I burial, Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stating the underlying couse by the haspital or attending as the peen lost. WAS AUTOPS' PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) certificate has State Dept. of Health NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Hern. 18.) OR CONTRIBUTING CAUSE OF DEATH etached HE EITHER, NOTIFY MEDICAL EXAM NER 20c TIME OF NJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) While Not While at work of work 21. I certify that (1) (this hospital) attended the deceased from sage 3 should a filed with the S Page 4 may be retained 19 67, and that death accurred at it 25M, from causes and on the date stated above TO FUNERAL DIRECTOR: saw the deceased alive on. 220 SIGNATURE DATE SIGNED 22b STAFF DIRECTOR M.D. PHYS PHYS director, page should be filed 22d ADDRESS 22c. PHYSIC AN S O HOSPITAL NAME (Type) BARROSO HOFLOCK NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION, (County) (State) REMOVAL (Specify) URIAL 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRES! 2So. REC'D BY REGISTRAR VR A15 (4) 7 Sons



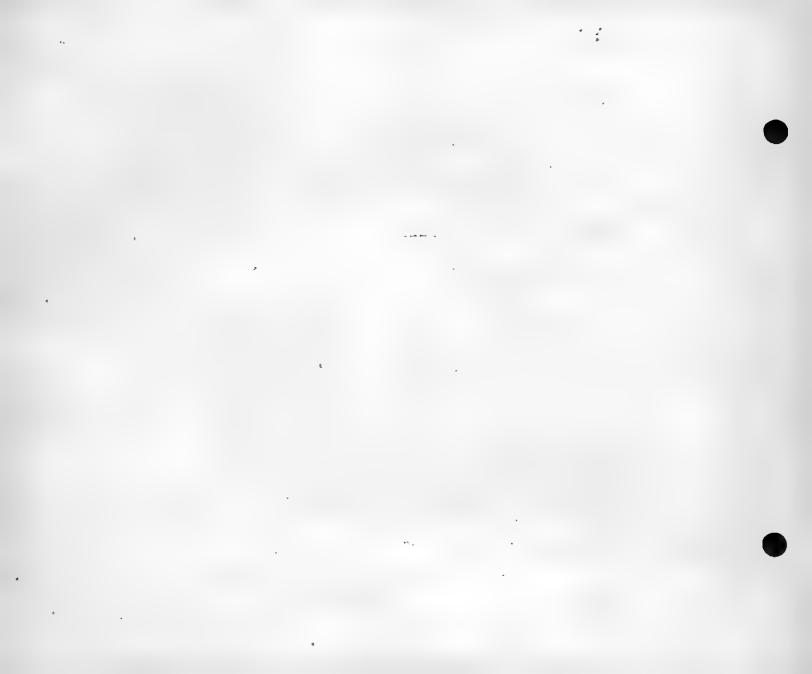
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 63508 39506 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAM: The low requires that the deoth certificate be executed within 24 hours ofter deoth 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY Dorchester o STATE Maryland **b.** COUNTY Dorchester MARYLAND b CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 6 days Rural-Fishing Creek Cambridge d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? completely filled Combridge Maryland Hospital None NO K ottending physicion ond completery rules permit. Then please remove corbon pay NAME OF First Middle 4 DATE OF Lost Year DECEASED LEROY 19 67 COMPTON July 12 (Type or pent) DEATH signed by the offending physicion ond compl burial-transit permit. Then pleose remove,c burial, cremation, or removal, and in any evel 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS SEX Male 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** Nov. 30, 1899 birthdoy) Manths Doys Hours MIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY Seafood Dehydrating 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Plant Manager COUNTRY? Green Creek, New Jersey USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel S. Compton Lizzie Foster INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Leroy Compton, Fishing Creek, Md. Yes unk IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gove (b) rise to immediate couse (a). DUE TO stating the underlying couse os the hos been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? TO FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use should be filed with the State Dept. of Health NO 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTR BUT NG CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour om. factory, street, office bida, etc.) Not While of work at wark 21. I certify that (I) (this haspital) attended the deceased from / - > 3 7-12 196 7that (1) (we) last 1967_ ta. saw the deceased alive on_ 1967, and that death accurred at 3 3 M, fram causes and an the date stated above 220 SIGNATURE 22b DATE SIGNED M.D DIRECTOR PHYS 22d ADDRESS Cambridge, Maryland 22c. PHYSICIAN'S TV ... N. Bauma nn. M.D. 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMAT ON, 23b DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Specily)
Burial Old Trinity Churchyard July 16 1967 Church Creek, Maryland 250 REED BY REGISTRATES 256 REGISTRATES SCHOOL ADDRESS 24 FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland DATE



	MARYLAND STATE DEPARTMENT OF HEALT	TH SALTIMORE A MARYLAND
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET CERTIFICATE OF DEATH	, BALTIMORE 1, MARYLAND
-		08307
1.	PLACE OF DEATH COUNTY STATE STATE	deceased lived, If Institution: Residence before edmission) b. COUNTY
_	DORCHES FEV MARYLAND (Y)).	Dorchester
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside co-write RURAL and give nearest town).	rporate limits, write RURAL end give nearest town)
	CAMPRIDGE . CHAMPRI.	DG BUILER
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	CAMBRIDGE C	YES NO
3	NAME OF DECEASED First Middle Last 4. DATE	Month Day Year
	(Type or print) (Type or print) (Type or print) DEAT	TH / 1967
5	S. SEX 6 COLOR OF RACE 7. MARRIED FNEVER MARRIED B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	/// WIDOWED DIVORCED 12-12-18 99	last birthday) Months Days Hours Min.
1	100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State,	or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	done during most of working life, even if retired) LAI MER MANICALI	MD 11.5A.
1;	3. FATHER'S NAME	
	JOHN DIVOID MARY	KINIA
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
	Yes, no, or unknown) (Ifyasgivewarordatesofservice) 214-30-0801 HEIELD	No 1) (Hurth Cho.
-	18. CAUSE OF DEATH [Enter only one cause per type for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	ONSET AND/DEATH
	IMMEDIATE CAUSE (a)	F111 - 1700yo-
П	GOTTON TO DUE TO (DOC DAY 2) - 1 A)	Stalb IN.
	gave rise to immediate cause	, , , .
	(a), stating the underlying DUETO	
_	cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART (a) 19 WAS ALTORSY
TION	TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT REFERENTIAL DISEAS	PERFORMED?
A DI	A A COLORAR MARK SHAPPANAMAC CT. L. AND RECORDE MANAGEMENT AND ACCURATE AND ACCURAT	YES NO
CERTIFICATION	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pa	an il Ot item (p.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f., [C	City or town) (County) (State)
MAPA	p.m. 19 at work at work	-111-
	21. I certify that (I) (this hospital) attended the deceased from	o7.(1, G.7, 19 , that (I) (we) las
		om the causes and on the date stated above.
	228. SIGNATURE ATTENDING MED.	STAFF 22b. DATE
	Maryana MA.D. PHYS. Y DIRECTOR	TAFF PHYS. 1 7/3/69 SIGNED
	22c. PHYSICIAN'S NAME (Type)	1. 2 M L
	WAWE (TABO) MANGE MANANON CAMPLI	496, 1119
2		CATION (City, town or county). (Slate)
	REMOVAL (Specify)	madison Mil
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REG	
	Booker In July 718-Pine St Central DATE JUL 6	1967 Jacker Judge
8		

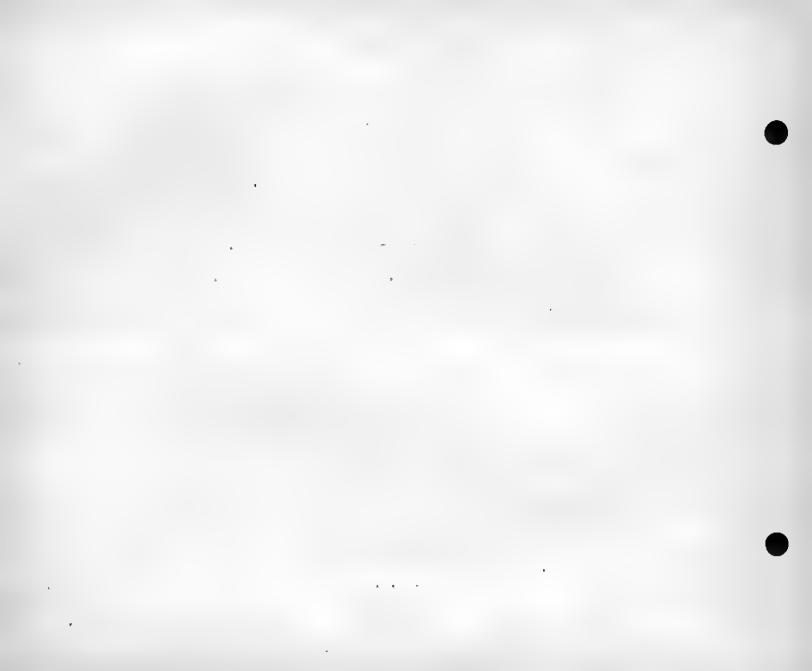


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY DORCHESTER 24 hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b CAMBRIDGE CALBRIDGE LIFE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS e. IS RESIDENCE ON A FARM? NO X MARYLAND HUSPITAL. executed within NAME DF OECEASED carbon First Middle Lest DATE Mon th any event, (Type or print) DELORNE DEATH 19 II.U II.Y AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 ARS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED OATE OF BIRTH гетоуе last birthday) | Months | Oavs Hours and MALE WIDOWEO ! NEGRODIVORCED [= 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician in please r 11. BIRTHPLACE (County & State, or foreign country) law regulres that the death certificate be COUNTRY? LABORER DORCHESTLR CO. USA 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME removat STEWARD JAMES EDWARDS JIILTA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unknwn) | (If yes give war or dates of service) YES ${\tt VENETTE}$ PHELPS CAMBRIDGE. INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), I ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corebral Vascular accident attending physician. OUE TO Hypertensive C.V.D. Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health I PERFORMED? YES X NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of Item 18.) 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While After Id be d at work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from June 15., 1967 to July 4., 1967, that (1) (we) last 3 should with the saw the deceased alive on Jul (19 √7 and that death occurred at _M. from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. 6, filed July 1967 22d. ADDRESS FUNERAL PHYSICIAN'S director, p should be NAME (Type) FASSETT, HI GH 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 7/8/67 BETHEL REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** ONERAL OIRECTOR CAMBRIDGE. VR A15 (4) 20M 1/65

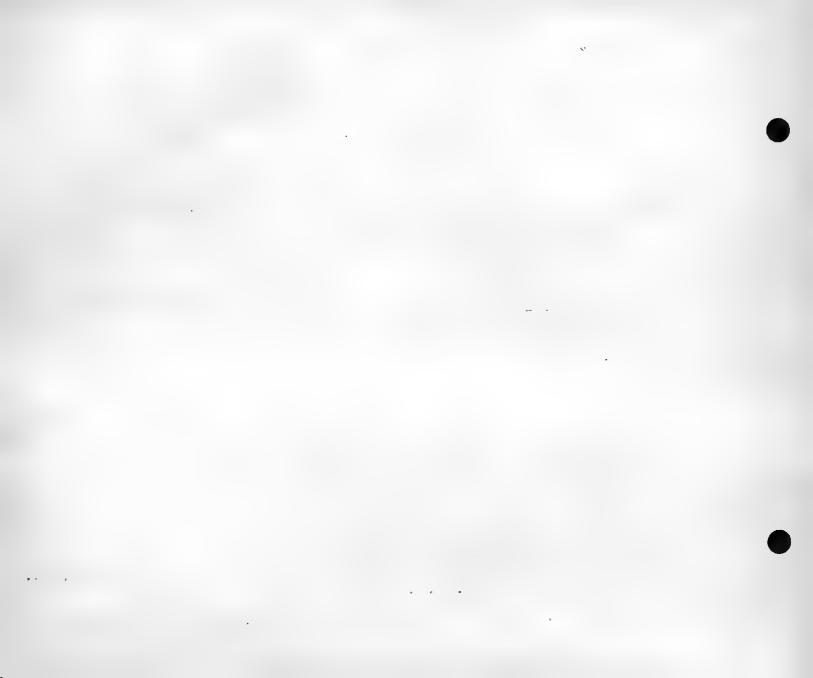


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 69508 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death funeral s 1 and ter dept PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND DORGHASTA ? b CITY OR TOWN (if outside carparate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? filled NO 🔀 NAME OF Middle remave carban 4. DATE Year and campletely DECEASED OF (Type or print) JCHN JULIJEAN and in any event, DEATH S SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR JNDER 24 HRS 7 MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Hours MALE MIGROID WIDOWED DIVORCED 7920 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

LABORER COUNTRY? ACCOMAC CO. VIRGINIA 13. FATHER 5 NAME 14. MOTHER'S MAIDEN NAME or remayal. WHITE TAM BERTHA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 23.3-16-8013 FANNIE FERBY CAMBRIDGE crematian. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Carcinoma INTERVAL BETWEEN **burial-transit** ONSET AND DEATH Carcinoma of the lungs IMMEDIATE CAUSE (o) signed by **O HOSPITAL OR ATTENDING PHYSICIAN.** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO 2 mons. Conditions, if any, which gove (b) rise to immediate cause (a), DUE TO stoting the underlying couse ECTOR: After this certificate has been 3 shauld be detached for use as the with the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO K 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INLURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (Stote) Hour 'o.m Not While factory, street, office bldg, etc.) 21. I certify that (I) (this haspital) attended the deceased fram Juno 5. . 19 67, to July 26, 1967, that (1) (we) last saw the deceased alive an July 26, 19-67, and that death accurred at TO FUNERAL DIRECTOR: M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. July 26, 167 M.D. DIRECTOR director, page should be filed 22d. ADDRESS 22c PHYSICIAN S NAME (Type) M.D. 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF 23d LOCATION (City or Town) (Stote) (County) REMOYAL (Specify) CAMBRIGAR ADDRESS 2So. RECD, BY REGISTRAR VR A15 (4) 25M 1/67 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09512 995.0 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPTS PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) o COUNTY Dorchester b COUNTY Dorchester o STATE Maryland 2, and 3 to Pm3. Poge State Deportment of MARYLAND b CITY OR TOWN (f outside corporate I mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate ilmits, write RURAL and give nearest town) wate RUPA, and give nearest town)
Cambridge about 30vrs Cambridge d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, "I director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form DOA Cambridge Maryland Hospital 409 Washington Street NO X YES This certificate should be executed within 24 hours ofter death NAME OF Middle 4 DATE Year DECEASED BALDWIN FITZHUGH July 21 19 67 (Type or print) DEATH F UNDER 1 YEAR S SEX 6. CO.OR OR RACE DATE OF BIRTH 9 AGE (n years 7 MARRIED NEVER MARRIED April 23, 1888 last birthday) Male White WIDOWED X DIVORCED in ony event within 72 hours offer de-1Do LSUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT during most of working life, even if retired)
Horse Trainer industry ace Horse Dorchester Co., Maryland COUNTRY? USA Race 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Fitzhugh Susie Adkins 16 SOCIAL SECURITY NO 17 INFORMANT 15 WAS DECEASED EVER IN L. S. ARMED FORCES? (Yes, na ar unknown) (If yes give wor ar dotes of service) Mrs Richard Insley, Woolford, Maryland unk 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I. DEATH WAS CAUSED BY NTERVA. BETWEEN ONSET AND DEATH Coronary occlusion IMMEDIATE CAUSE (o) Instant DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause ond be used cremation, or removal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? CERT FICATION NO T 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of musy in Port or Port L of Item 18) 3 should PRIMARY I or CONTRIBUTING I MEDICAL EXAMINER: files. CAUSE OF DEATH 2Dr. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home farm, (City or town) (County) (State) Hour om factory, street, affice bldg etc.) FUNERAL DIRECTOR: Poge of work at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection K Inquiry . and in my apinian Heo'th prior to bursol, Natural causes X . Accident . Suic de , Hamicide Undetermined manner funerol director. death resulted from may be retained CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 7/22/67 SIGNATURE DEPUTY MED CAL EXAM NER X Cambridge, Md. John Mace Jr. M.D. Address (Street, city, town, or county) BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF 0 Cambridge, Maryland Dorchester Memorial Park ADDRESS 250. REC D. BY REGISTRAR DATE JUL 2 5 1 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (S) . LeCompte Funeral Service, Cambridge, Maryland 6M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND L PLACE OF DEATH Im #1391 144/14 pm
2. USUAL RESIDENCE (Where decresed I vad. I institution: Residence before ed in strong e. COUNTY Dorchester Md. Caroline MARYLAND b CITY OR TOWN (if outside corporate I m Is, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest towrite RURAL end give neerest town) Rural Ridgely, Md. Cambridge d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RES DENCE ON A FARM? Bayly Road YES TO NO T DATE Month DECEASED Columbus (Type or print) Christopher July DEATH 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED , 8 DATE OF BRIH AGE (In years IF UNDER I YEAR; IF UNDER 24 HRS. last birthday) Months WIDOWED [DIVORCED 1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Chicken plant Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lillie Hines Victor Flamer 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17 INFORMANT Address Mrs. C.C.Flamer, Hillsboro, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Coronary occlusion Instant 41301 DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 2Db DESCRIBE HOW NJURY OCCURED, (Enter nature of mury in Part to Pert to frem 18) 20a. EXTERNAL CAUSE WAS PRIMARY IT OF CONTRIBUTING IT CAUSE OF DEATH. 20c. TIME OF INJURY 20d. NJURY OCCURRED, 20+ PLACE OF INJURY [Home, farm , 20f (City or town) factory, street, office bldg , etc.) Not While el work at work 21. I certify that I took charge of the remains described above, he d an Autopsy. Inspection Inquiry and in my opinion death resulted from. Natural causes 🗶 Acc dent Suicide Hom cide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MED CAL EXAM NER DATE BIGNED SIGNATURE 7/27/67 DEPUTY MEDICAL EXAMINER EXAMINER'S John Mace Jr. M.D NAME (Type Address (Street, city, town, or county) Cambridge, 22a, BURIAL, CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or country Hillsboro, Md. July261967 Sandtown 23. FUNERAL DIRECTOR Charles V. Moore, Denton, Md.

ARYLAND STATE DEPARTMENT OF HEALTH

VR A15ME 5M 1/62

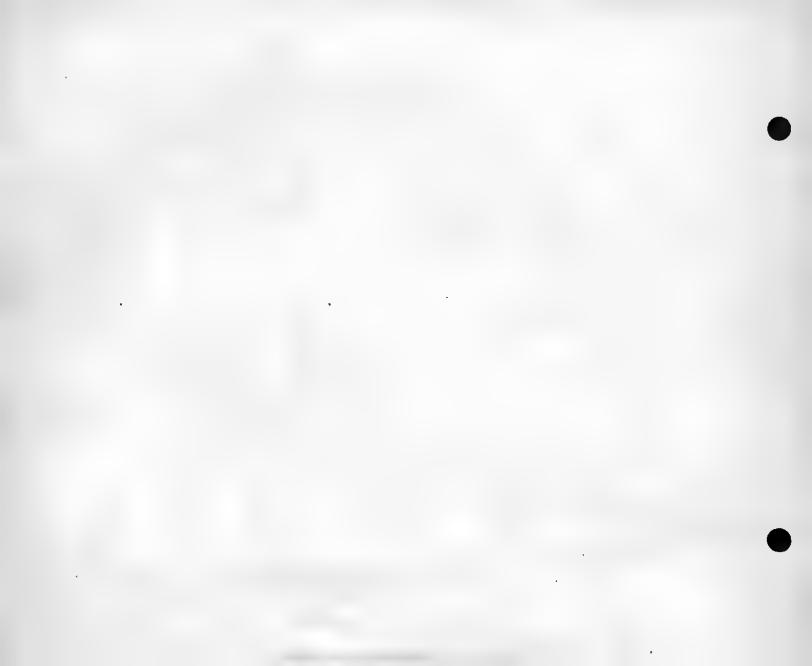
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DIVISION OF STA	MARYLAND FISTICAL RESEARCH A		ARIMENI OF 301 W. PRESTON		LTIMORE 1, M	ARYLAND
00512			OF DEATH			514
1. PLACE OF DEATH a. COUNTY	All der var vale	1	a. STATE	(Where deceased l	b. COUNTY 🦙	esidence before admission
DORCHESTER b. CITY OR TOWN (if outside of write RURAL and give near	corporate limits, c. LENGT	MARYLAND H OF STAY IN 1b	C. CITY OR TOWN (If o	utside corporate	gar. o	
d. NAME OF HOSPITAL OR INS	TITUTION (if not in hospital, giv	a street address)	d. STREET AODRESS	at-		e. IS RESIDENCE
Glasgow	al s to	one				YES NO
3. NAME OF OECEASED (Type or print)	First Cleans	Middle =	Last	4. DATE OF DEATH	Month July	Day Year 22 19 4 7
5. SEX 6. COLOR OF	1. markies [] WEID		DATE OF BIRTH	19. AGE		YEAR IF UNDER 24 HE Days Hours Min
10a. USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b. KINO OF BUS	DIVORCED [] (11. BIRTHPLACE (Cou	nty & State, or fore	yrs. ign country) 12 C)	TIZEN OF WHAT
13. FATHER'S NAME	ork modsiki		Dorchest 14. MOTHER'S MAIDE	in . Mo	ryland	S.H.
Lewis 704	well-		alice	Hurl	Per-	
15. WAS DECEASED EVER IN U.S. AF (Yes, no, or unknown) (If yes give war	emed Forces? 16. SOCIAL SECOND dates of service)	URITYNO. 17. 1	NEORMANY	-10	202 Chol	otauk A
	only one cause per line for (a),		MIET OIL	Mr.	coo circo.	INTERVAL BETWEEN
IMMEDIATE	CAUSE (a) C FRE BRO 1	JASCULAR	ACCIDE	NT		12 WINNIE
Conditions, If any, which gave rise to immediate	(b) CEREBRAL	THRO	MAUSIS			
cause (a), stating the underlying cause last.	OUE TO	ATHER	RE SCLE COSIS			
PART II. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELAT	ED TO THE TERMINAL DI	SEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT C HYPE 208. ACCIDENT WAS UNDERLY. OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	TENSION DESCRIBE	IOW INJURY OCCUR	RED. (Enter nature of I	njury in Part I or	Part II of Item 18.)	YES NO
				1006 1014	40	- Aud (Canto)
20c. TIME OF INJURY Mont	h, Day, Year 20d. INJURY OCC While Not Wat work at wo	mare	E OF INJURY (Home, farm , street, office bldg., etc	m, 20f. (City o	r town) (Cour	nty) (State)
21. I certify that (I) (th	is hospital) attended the de	ceased from 9-	26 , 19			Z, that (I) (we) la
saw the deceased alive	on 7-27 19	and that	death occurred at/		22b. DA	TE SIGNED
Tection of M	Beloveani	M.D.	ATTENDING M PHYS. DI	ED. ST IRECTOR PH	AFF YS. 7-2	12-67
NAME (Type) RIC H	RD G. BILODE,	40 M.D.	116 DAKLE	ST	CAM BRIDGE	M.D.
23a BURIAL, CREMATION, 23b.	DATE THEREOF 23c, NO	AME OF CEMETERY	OR CREMATORY	230. LOCATIO	N (City, town or cou	(State)
24. FUNERAL DIRECTOR	11 6 1AD	DRESS	2-/- 25a. REC'	D BY REGISTRAR	25b a ABGISTRAF	STOWNING
Telle S. / Villary	my west !	WWITHER	DATE JL	£ 1 1001		

1 Ma Vienna

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 IISIIAI RESIDENCE (Where deceased lived of institution Residence before admission) PLACE OF DEATH o. STATE b. COUNTY o. COUNTY Richland Dorchester MARYLAND delay b CITY OR TOWN (if autside carparate imits write RURAL and give nearest town) CLENGTH OF STAY IN 1b c (TY OR TOWN (It auts de corparate im ts, write RURAL and give nearest town) P.M.3. Mansfield 2 days Rhodesdale - Rural n NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RES DENCE d STREET ADDRESS 615 Carlisle Avenue Near Wesley Church YES NO K 24 hours after death 4 DATE Month Office alang, with NAME OF Middle Last Day Year 0F DECEASED 1967 Ju1v CAMORT GARRETT DEATH (Type or print) IF UNDER 24 HRS IF UNDER 1 YEAR B DATE OF BIRTH 9 AGE (In years S SEX 6 COLOR OR RACE NEVER MARRIED 7 MARRIED ost birthdoy) Months Hours WIDOWA GIDOWN DIVORCED Male Negro May 4, 1918 after death land 2 v 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT 10b KIND OF BUSINESS OR 10o. USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Cement Finisher COUNTRY? Concrete Cincinnati, Ohio Examiner's 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within pencil Mary Huinter Wayne Garrett 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes give wor or dotes of service) 17 INFORMANT Address 16 SOCA, SECURITY NO. the Chief Medical Mrs. Florence Hunter, Hill St., Somerset, Ky, 270-12-56/5 within INTERVAL BETWEEN ONSET AND DEATH IB. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c).) event (PART I. DEATH WAS CAUSED BY **burial-transit** IMMEDIATE CAUSE (o) please execute the certificate, writing the ward DUE 10 Conditions, flony, which gove rise to immediate cause (a). farwarded ta stating the underlying couse and 0.5 9 WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) crematian, ar remaval, NO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item (B.) 20g EXTERNAL CAUSE WAS 3 shauld PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH MEDICAL 20e P.ACE OF INJURY (Home, form (State) 20d INJRY OCCURRED (City or fown) (County) 20c TIME OF N.JRY Month, Doy Year Hour om. Not While factory, street, office bldg, etc.) FUNERAL DIRECTOR: Page at work L.J ot work 21 I certify that I taok charge of the remains described above, held an Autopsy 💢 inspection . Induity 1 and in my op nion Natural causes X Su cide Ham cide Indetermined monner death resulted from: Accident the funeral directar may be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASS STANT MEDICAL EXAMINER SIGNATURE Health prior DEPUTY MEDICAL EXAMINER A 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Crty or Town) 230 BUR AT CREMATION, 23b DATE THEREOF REMOVAL (Specify) 0 Mear Rhodesdale, Maryland July .1967 Rhodesdale Cemeter 250 REC D BY REGISTRAR VR A15ME (5) 6M 1/67 ramptom and



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09514 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT USUAL RESIDENCE (Where deceased lived, if institution Residence before admiss on) PLACE OF DEATH b COUNTY Queen Anne o STATE Maryland o. **COUNTY** Dorchester MARY, AND b CITY OR TOWN (If outside corporate imits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) wate RURAL and give nearest tawn)
CEMBRIDE unk File pages I and 2 with the State Depart d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RES DENCE the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 snauld be farwarded to the Chief Medical Examiner's Office along with form ON A FARM? Unk Glasgow Nursing home YES NO [This certificate should be executed within 24 hours after death NAME OF Last DATE OF Year Doy DECEASED (Type or print) JAMES 23 19 67 GILLIAN July DEATH 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS 7 MARRIED NEVER MARRIED birthday) Months Days Male unk DIVORCED Hours White Oct. 1, 1009 within 72 hours after death WIDOWED 10a USJIAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT during mast at working life, even if retired) **INDUSTRY** COUNTRY? Queen AnneCo., Ma USA unk 13 FATHER'S NAME 14 MOTHER S MAIDEN NAME unk unk 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECUR TY NO (Yes, no, or unknown) (If yes a ve war ar dates of service) Glasgow Nursing Home, Cambridge, Maryland unk unk ame INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ONSEL AND DEATH in any event Coronary occlusion IMMEDIATE CAUSE (a) 11501 DUE TO Conditions, if ony, which gove rise ta immediate couse (a), DUE TO stating the underlying cause and be used as last. 19 WAS AUTOPSY PERFORMED? cremation, ar remayal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NOVY 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Hem 18.) f les. 3 should l PRIMARY CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20d NJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (County) (State) 20c. TIME OF NuRY Month Dov. Year foctory, street, affice bldg., etc.) Page . Hour om Not While 21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection 🙀 Inquiry ! and in my apinian may be retained far FUNERAL DIRECTOR: Undetermined manner Suicide , Hamicide death resulted from Natural causes Accident | | CHIEF MEDICAL EXAM NER **ACTUAL** 22. DATE SIGNED ASSISTANT MED CAL EXAM NER prior SIGNATURE DEPLITY MEDICAL EXAMINER X EXAMINER'S KANNY John Mace Jr. Health Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b DATE THEREOF 23d LOCAT ON (City or Town) (County) (State) Burial (Specify) July 26 1967 Greenlawn Cemetery Cambridge, Maryland 25a RECD BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS VR A 15ME (5) LeCompte Funeral Service, Cambridge, Maryland Date 6M 1/67

	MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TE	OC515 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1517)
EPT. i	PLACE OF DEATH S. COUNTY 1 COUNTY
1/	*. COUNTY /) A P / H F S T F ? C. STATE / F / B COLNTY
-KX	b. CITY OR TOWN (If outside corporate I mits. c LENGTH OF ST. Y IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest low)
XU	write RURAL and give nearest town)
_ M	d NAME OF HOSEITAL OR INSTITUTION (Il not in hospite) g ve street address, d STREET ADDRESS
	12 TO ON A FARM?
3	NAME OF First Middle Last DETE Moulh Day
	DECEASED OF OF OF
1 5	1/1/0-2 C-RAY
	last birthdey) Months Devs Mours Min
10	1/34ACA WIDOWED DIVORCED Sept. mber 22, 1966 vr. 1/6
	one during most of working life, even if retired)
13	Seaford, Delaware U, S. A
1"	7)
11	KOBERT MOLLOCK WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT AGGRET
	18. CRUSE OF DEATH (Enter only one ceuse per line for (a), (b), and (c).)
	PART I DEATH WAS CAUSED BY: TO SEE AND DEATH
	III DUETO
П	Conditions, if any, which (b) geve rise to Immediate cause
	(a), steting the underlying DUE TO
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART II. 19 WAS AUTOPSY
110	DIL A TORREST AT TIS MEDIN
FIC	20a. EXTERNAL CAUSE WAS 1, 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I of from 18
CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
	20c. TIME OF INJURY Month, Day, Y- 7 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form 20f. (City or lown) (State)
MEDICAL	Hour a.m. While Not While lectory street, office bldg., etc.)
2	
	death resulted from: Natural causes Accident Suic de Homicide D. Undetermined manner
	CHIEF MEDICAL EXAMINER
	ACTUAL ACSISTANT MEDICA EVAMINED [17]
	M.D. DEDITY MEDICAL EVALUATION TO THE STATE OF THE STATE
	NAME (Type) DO HN MACE O'P. Address (Street, c.ly, town or county)
22	B. BURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY : 220. LOCATION (City town, or couplry) (State)
	Burial 7/30/67 Bethe Cementers + Campin dee Md
72	3. FUNERAL DIRECTOR ADDRESS , 24 REC'D BY REGISTRAN SIGNATURE
1	Terbert 17. It. Clair, Ir. Combridge Marie AUG 7 1961 popular Juages:
1.3	3



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It Institution; Residence before admission) a. COUNTY h. COUNTY 0 MARYLAND by GITY OR TOWN (if outside corporate limits, c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Within 72 hours h rew days B W 三 d. NAME OF HOSPITAL OR DISTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE DN A FARM? d. STREET ADDRESS ND 🖂 YES letely NAME OF Middle DATE Month Day Year Last 4. DECEASED (Type or print) erso DEATH 194 AGE (In Jears | IF UNDER 1 YEAR 5. SEX DATE OF 6. COLOR 8. emove 7. MARRIED DET NEVER MARRIED limt birthday) Months Hours arid and in any WIOOWED I DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR curing most of working life, even if retreet) / INDUSTRY BIRTHPLACE (County & State, or foreign country) physician 12. SITJZEN OF WHA bita Hos 10 certificate removal, SATHER'S NAME MOTHER'S MAIDEN NAME attending ph OWD WAS DECEASED EVER IN U.S. ARMEDFORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address FUNERAL GIRECTOR: After this certificate has been signed by the atten irector, page 3 should be detached for use as the burial-transit permit. nould be filed with the State Dept. of Health prior to burial, cremation, or death (Yes, no, or unkown) ((If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 ONSET AND OEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a OUE TO Conditions, if any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. (C) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X ND [203. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While Page 4 may be retained by at work ATTENDING at work 🔼 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. director, page 3 should be filed w ATTENDING PHYS. STAFF M.D. PHYS DIRECTOR PHYSICIAN'S 22d. ADDRESS NAME (Type) dumann Z/n NAME OF CEMETERY OR CREMATORY (State) CREMATION. REMOVAL (Specify) 2 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 4-64

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		N OF STATISTICAL	MAR L RESE	YLAND STATE DE Arch and records	, 301 W. PREST	TON STREET	H ', BALTIMORE	E 1, MARYL	AND
_	0951	7		CERTIFICAT	E OF DEAT	TH		655	13
1.	PLACE OF DEATH				2. USUAL RESIDA	ENCE (Where dece	ased lived, If Institu		before admission)
_		Dorchester		MARYLAND		Marylan	d	Dorche	
	b. CITY OR TOWN write RURAL	N (if outside corporate li and give nearest town)	imits,	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN				nearest town)
_				3 months			ge - Rura		9.1
				ospital, give street address)	d. STREET AODRE			6.	IS RESIDENCE ON A FARM?
-		doe-Maryland	Hosp		l]	R.F.D. 非	1	Y	ES NO
3.	NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Day	Year
-	(Type or print) SEX	I DA 6. COLOR OR RACE 7		LILLIAN	HIGGINS	DEATH	July	10	19 67
-	Female	III	MARRIEO	X HEVER MARKIES	8. OATE OF BIRTH		ACE (In years IF last birthday) Mc	onths Days	Hours Min.
			WIDOWED		Sept. 20,		/ ' yrs.	12 CITIZEN C	FIMUST
đi		ION (Cive kind of work doning life, even if retired)	100. 1/		11. BIRTHPLACE		a. tetsiğu cenuma)	12. CITIZEN O COUNTRY?	r waai
1	Housev 3. FATHER'S NAM			Home	Dorches	ter Co.,	Maryland	IISA	
		W. Moore							
-1	5. WAS DECEASED E	VER IN U.S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Cheeser	nan Address		
()	(es, no, or unkown)	(If yes give war or dates of ser	vice)		Jerome Hi	icoine (Mal T	
-		DEATH (Enter only one ca	!		, SCIONE II.	rggras, c	Cambridge		VAL BETWEEN
		ATH WAS CAUSED BY:	1	- 100 CC	s contin	Neld	1:4:0		T AND DEATH
	lai	IMMEDIATE CAUSE (a) DUE TO		PRIOZEN		-1x C-12x	1411		YM WOOD.
	Conditions, If a		A	-Terioscle	ratio	azuma	IN of	3	month
	gave rise to cause (a), st	immediate (7	- A	10	Con	رور وبالملاسد	Tuis 2	4. 71
	underlying cause		1)1	veliculoses,	of lower	ute, time	tracto	Lew 1:	marchis
CERTIFICATION	PART II. OTHER'S	IGNIFICANT CONDITIONS	CONTRIBL	TING TO DEATH BUT NOT RELA	TED TO THE TERMINA	IL DISEASE COND	ITION GIVEN IN PAF		WAS AUTOPSY PERFORMED?
FICA								YES	
RTI	OR CONTRIBUTION	WAS UNDERLYING NG Cause of Death IFY Medical Examiner	20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature	of Injury in Par	t I or Part II of It	em 18.)	
			1						
MEDICAL	20c. TIME OF I	NJURY Month, Day, Year	r 20d. I While	facto	CE OF INJURY (Home ry, street, office bidg	, farm, 20f. (0 ., etc.)	(Ity or town)	(County)	(State)
ME	p.n		at work	at work				-	
		that (1) (this hospital	l) attend		4/7/67.	19 to	1/10/		t (I) (we) last
	saw the dec	eased alive on	1154	76719, and that	death occurred a	t/ : 3UM, from			
	ZZa. SIGNATUR		14.		ATTENDING	MED.	STAFF	2b. DATE SIGN	()
	22c. PHYSICIAL	N'S	11(hu	your M.C	PHYS.	OIRECTOR _	PHYS.	1/ 1/6)/
	NAME (Ty	pe) Lawren	110	Maryano	V 610 R	acest	, Cam	bridge	o Md
23	a. BURIAL, CREMA	ATION, 23b. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d, LOC	ATION (City, town	or county)	(State)
	REMOVAL (Spe	July 12.		East New Mark					ryland
2	4. JUNERAL DIRE	,	1.	ADDRESS		REC'D BY REGIST	RAR 25b. REGI	STRAR'S SIGNA	TURE
J	J. Fram	ptom and ion	MERCE	deralsburg, Mar	yland DATE	JUL 17	1961 /	carres y	noges



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Derchester 24 hours after Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b Lifetime Cambridge Cambridge filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Cambridge-Md. Hospital Glenburn NO X YES completely NAME OF DATE Month Day Year Last DECEASED Edwin Cornelius HopkinsJr. (Type or print) DEATH July 19 5. SEX 6. COLDR DR RACE 7. MARRIED K NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. last birthday) | Months | Days Hours Male Whi te WIDDWED [DIVDRCED Feb. 3 YES. 1Da, USUAL DCCUPATION (Cive kind of work done i 10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? Canning of Sales U.S. Dorchester death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME cremation, or Edwin C. Hopkins Clara Ewell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SDCIAL SECURITY ND. Address (Yes, no, or unkown) [(If yes give war or dates of service) Yes WW Cambridge Md Mrs. E.C. Hopkins CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. been significant the purial, c DUE TD Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. 35 (c) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO [YES I 20a, ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) hed f OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 2De, PLACE DF INJURY (Home, farm, 20f. (City or town) (County) 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not While retained by at work at work v that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased. saw the deceased alive on-M, from the causes and on the date stated above. and that death occurred at A SIGNATURE 22b. DATE SIGNED þ 뭂 page ATTENDING PHYS. DIRECTOR PHYS. Page 4 may O HOSPITAL FUNERAL irector, p 22c. PHYSICIAN'S 22d. NAME (Type) should NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State) DATE THEREOF BURIAL, CREMATION, 23b. REMDVAL (Specify) ₩ 9 Cambridge Md Burial Cambridge Cemetery REC'D BY REGISTRAR + 250. PENTSTRANS FUNERAL DIRECTOR A15 (4) Cambridge Md. DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09521 09519 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY b. COUNTY Talbot Dorchester MARYLAND C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURA. and give nearest town) Cambridge (rural Easton, Maryland ronths popers. P d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RES DENCE ON A FARM? d STREET ADDRESS within 72 filled III Goldsborough Eastern Shore State Hospital NODE! YES NAME OF Middle 4. DATE Month Year DECEASED 67 Charles Jefferson 07-IO-(Type or print) Norman DEATH 19 S. SEX 6 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH AGF (In years 7. MARRIED NEVER MARRIED lost birthdoy) Hours Min. I2-20-80 White lale WIDOWED TO DIVORCED 10b. KIND OF BUSINESS OR 1Do USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRYS INDUSTRY Delaware Insurance Agent Insurance 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Charles Henry Jefferson Margaret Ann Hill attending poermit. The 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Records of the Eastern Shore State Hospital 03 unknown crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). burial-transit PART I, DEATH WAS CAUSED BY: ONSET AND DEATH þ IMMEDIATE CAUSE (o DUE TO signed burial, Conditions, if ony, which gove rise to immediate cause (a). DUZ TO stating the underlying cause prior to l by the hospital ar attending this certificate has been the 2 0.00 OS WAS AUTOPSY PERFORMED? PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Health NO 2Do ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port) or Port 1) of item 18) OR CONTRIBUTING CAUSE OF DEATH letached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. IIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (Cify or town) (County) (Stote) Hour am. foctory, street, office bldg., etc.) Not While OR ATTENDING of work of work 21. I certify that (I) (this hospital) attended the deceased fram , 19___, that (1) (we) last 10 be retained and that death accurred at 730 P. M. fram causes and an the date stated abave. TO FUNERAL DIRECTOR: saw the deceased olive an 220 SIGNATUR 22b DATE SIGNED DIRECTOR M.D. PHYS director, page should be filed 22c PHYSICIAN S 22d **ADDRESS** O HOSPITAL NAME (Type) BUR AL CREMATION NAME OF CEMETERY OR CREMATORY (Stote) (City or Town) REMOVAL (Specify) 25o. REC'D BY REGISTRAL VR A15 (4) 25M 1/67



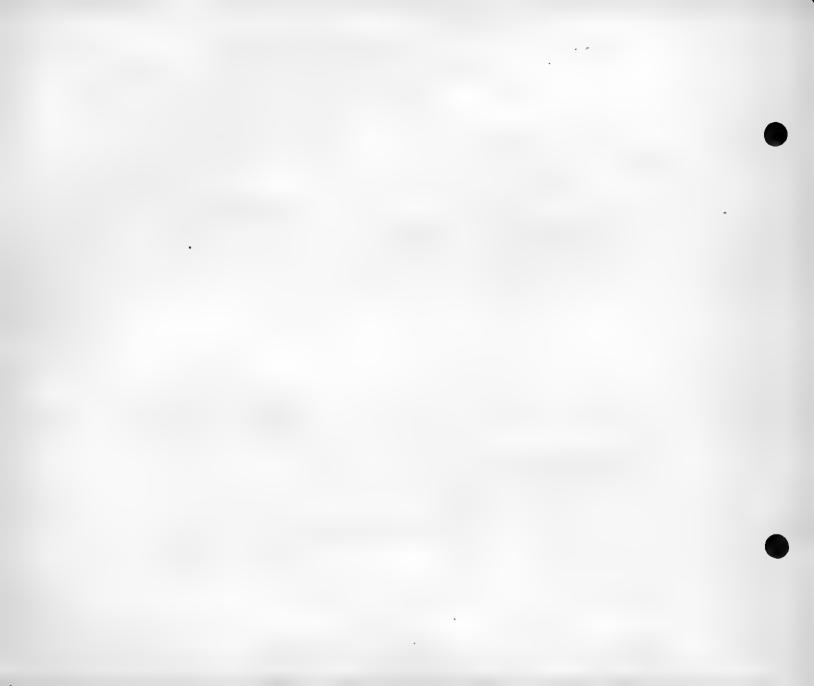
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

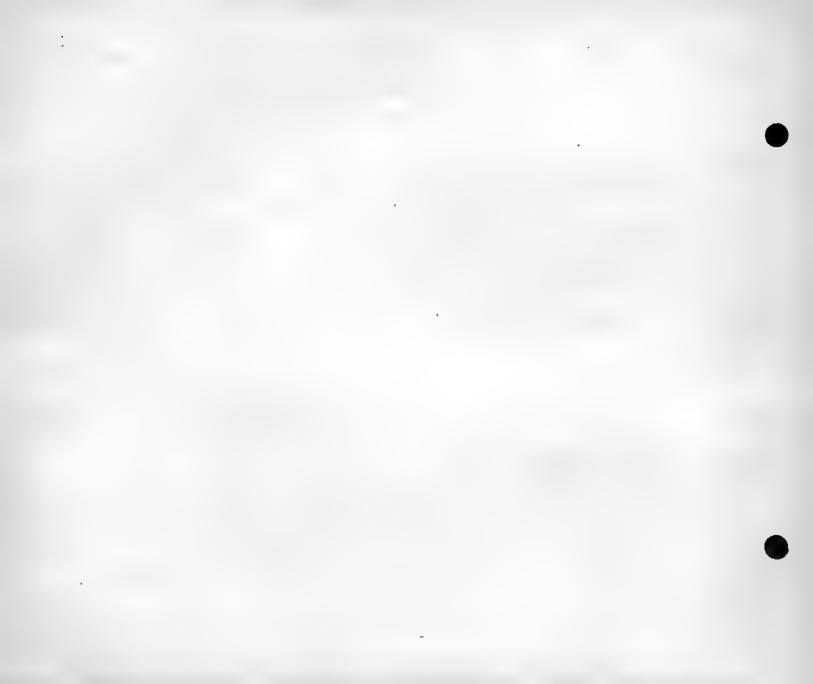
		DIVISION (OF VITAL R	ECORDS, 301 W.	PRESTO	N STREET, BALTIMO	RE, MARYLAND	21201			
	0952	21		CERTIF	ICATE	OF DEATH			6	95%	33
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	b. CITY OR TOWN (write RURAL and RAL CAMB	If autside corporate limits d give neorest tawn) RIDGE	,	c. LENGTH OF STAY I		c. CITY OR TOWN (If au	FEDERALS		AL and give	nearest	tawn)
	d, name of hospit	ALOR INSTITUTION (IF no HORE STATE				d STREET ADDRESS Brid	reville R	oad		1	IS RESIDENCE ON A FARM?
	NAME OF DECEASED (Type or print)	Fir CH 'R L		Middle ESLEY	JOH 11S	Last U['	4 DATE OF DEATH	Mantr JU L Y		Day	Year 19 67
5	MA LE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		10/13/30878	9 AGE (III	n years irthday) yrs	JF UNDER 11 Months		F UNDER 24 HR: Haurs Min.
don	ing mast af warking	(Give kind af wark dane life, even if retired) Retired)	15	ND OF BUSINESS OR DUSTRY Carming		11. BIRTHPLACE (County of Sus 14. MOTHER'S MAIDEN N	sex Co.,	**	COLL	ZEN OF V	VHAT
15 (Ye	GEORGE J WAS DECEASED EVE es, no, or unknown) N O	OHNSON RINUS. ARMED FORCES? (If yes give war or dates of	service) 16. S	ocial security no None		BES: NFORMANT SPITAL RECOI	SIE HOLDEI	Addre:	 \$\$		
	18. CAUSE OF DIPART I DEA PART I DEA Canditions, if any rise to immediat stating the under last.	e cause (a), DUE	(a) TO (b)			thronzv	0 2,2 0				year
CERTIFICATION						THE TERMINAL DISEASE CON				19. W Pi YES	AS AUTOPSÝ ERFORMED? NO
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OF	CCURRED. (Enter nature of injury in I	Part I or Part II of ite	:m 18.)			
MEDICAL	20c TIME OF INJU Hour o.r	JRY Month, Doy, Year n. 19	20a IN While at work	Nat While at wark		CE OF INJURY (Home, farm pry, street, office bldg., etc.)		r town)	{Coun	ty)	(Stote)
	saw the de	fy that (I) (this hasp eceased alive an	ital) attend 7/5	ed the deceased 19 <u>67</u> , c	from and that	3/2 , 1 death accurred at	961 , ta M, fram		and an the	date	
	22a. SIGNATURE	C-F BC	mos)	M.D	PHYS L		AFF HYS	22b. DAT	e signed 7/5/	
	22c. PHYSICIAN'S NAME (Type)		+RRC		Mr		SPITAL, CA				
	REMOVAL (Specify	July	8,1967	23c. NAME OF CEME Bethel C		ery	Near Fed	erals	sburg.	County) Man	(Stote) cyland
24	Trans	tom Lunes	of Ha	ne Freder	ulsk	25a. REC'D	BY REGISTRAR 19	67 REC	GISTRAR'S SIG	NATURE	Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by t director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages shauld be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any evact, within 72 haurs Page 4 may be retained by the haspital ar attending physician.

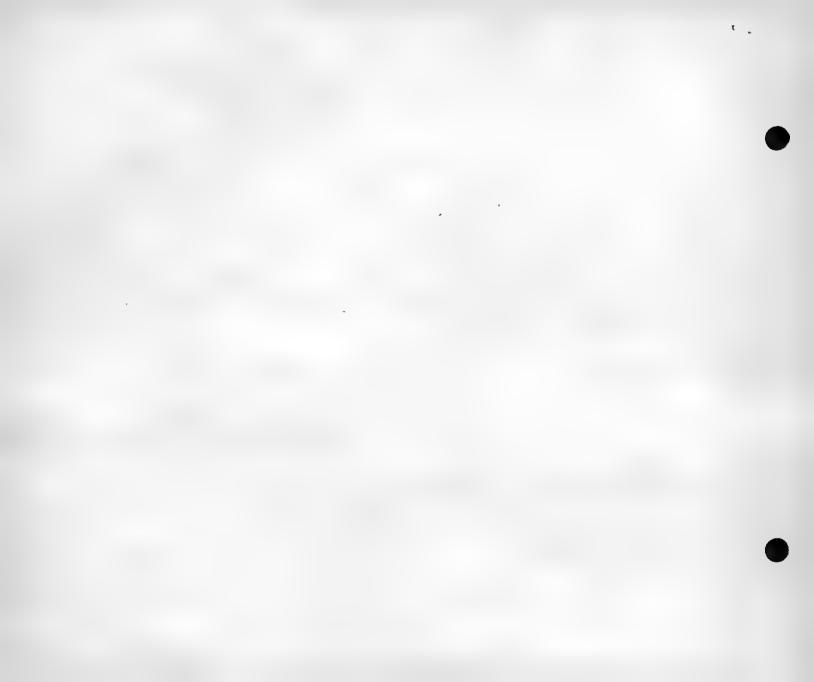


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09522 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o STATE b. COUNTY DORCHESTER MARYLAND b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) popers. Pag hin 72 hours RURAL CAMBRIDGE town) 8 MONTHS ROUTE 3. BERLIN Ē d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? filled EASTERN SHORE STATE HOSPITAL YES X NO 3 NAME OF First Middle Lost 4. DATE Year completely DECEASED **EDWARD JOHNSON** (Type or print) JULY 19 67 DEATH orat co. 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (fn years IF UNDER 1 YEAR JE LINDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Davs 9/3/08 MALE NE GRO ondhadny WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? II.S. **FARMER** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal DANIEL JOHNSON LIZZIE MARSHALL 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address ö PHOSPITAL RECORDS 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY-ONSET AND DEATH MMEDIATE CAUSE (o) the hospital or attending physician. DUE TO signed burial Conditions, if any, which gave rise to immediate couse (o). DUE TO stoting the underlying couse nos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? NO certificate 20a ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) CERT OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER! 3 20d INJURY OCCURRED 20c TIME OF IN. URY Month, Doy, Year 20e PLACE OF INJURY (Home, form, fCity or town) (County) (State) Hour to.m. factory, street, office bldg , etc.) While Not While ot work 21 I certify that (1) (this haspital) attended the deceased from 19_66 to 1967, that (I) (we) last Page 4 may be retained TO FUNERAL DIRECTOR: 19-67, and that death accurred at 43 sow the deceased alive an A.M. from couses and an the date stated above 220 SIGNATURE 22b DATE SIGNED ATTENDING director, page 3 should be filed v DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) E.S.S. HOSPITAL, CAMBRIDGE, MD. 230 BUR AL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d-LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR REGISTRAR'S, SIGNATURE 250 REC'D, BY VR A15 [4] 25M 1/67 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, if institution Residence before admission) G. COUNTY b COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (V outside corporate limits, write RURAL and give nearest town) papers Pag write RURAL and give nearest town) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e 15 RESIDENCE ON A FARM? NO N NAME OF Middle Year **DECEASED** OF MAE (Type or pnnt) 19 67 DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACI 7 MARRIED **NEVER MARRIED** lost birthdoy) Months Davs WIDOWED 🔀 DIVORCED and 1Do USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of yorking life, even if retired) INDUSTRY COUNTRY? 13. FATHER S NAMI 14 MOTHER'S MAIDEN NAME informant so Made Tyn E Jonaway, 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 20 18. CAUSE OF DEATH (Enter only one couse per lige, for (g), (b), and (c).) signed by the burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO APTEMOSCIEROSIS Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse WAS AUTOPS'
PERFORMED? PART II GIHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a Health 1 this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Nem 18) 2Do ACCIDENT WAS LINDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF NJURY Month, Doy, Year (County) Hour o.m. factory, street, office bldg., etc.) Not While 19 at wark Page 4 may be retained by 21 | certify that (5)(this haspital) attended the deceased from (0 - 23 -19.6.5. to_ FUNERAL DIRECTOR: saw the deceased alive on 1967, and that death accurred at M, fram causes and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. director, page should be filed ADDRESS 22c. PHYSICIAN'S 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City or Town) 23b DATE THEREOF (County) (Stote) REMOVAL (Specify)
Burial 9 July 12,1967 Parsons Cemetery Salisbury, Maryland 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) \) 25M 1/67 HOLLOWAY & COMPANY, Salisbury, Maryland



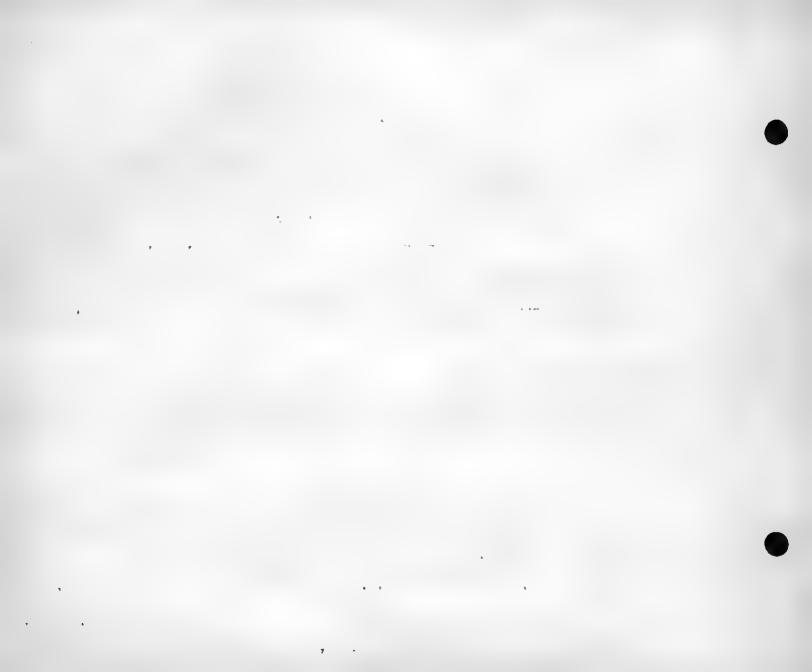
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00597 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY ORCHSSTE a. STATE AARYLAND hours after DORGHESTH MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) LIFE CAMBRING papers. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS A. IS RESIDENCE DN A FARM? CAMBRIDGE MARYLAND HOSPITAL. INC. 707 YES A NO C letely executed within N X NAME OF First Middle Last DATE Day Month DECEASED (Type or print) PLATER JULY -57 SYTUTA JOLLEY DEATH 19 5. SEX 6. COLOR OR RACE and cor 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Devs | Hours | Min. MARCH 8. FHALE WIDOWED [DIVORCED [Ξ 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) DORG HESTER CO. MO. TECA death certificate ____ removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHNSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unkown) ((If yes give war or dates of service) CAMBRIDGE, MD. ORWOOD JOLIEY 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. PART I. DEATH WAS CAUSED BY: Corebral Vascular accident ONSET AND DEATH days DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate hither than the control of the second of the s PERFORMED? NO 🛐 20a. ACCIOENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this certifid be detached for State Dept, of 6 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work Not While at work DIRECTOR: Af age 3 should I lied with the S _ to July 21. I certify that (I) (this hospital) aftended the deceased from June 27. . 190 19 0 (that (I) (we) last saw the deceased alive DD1 and that death occurred at_____ _M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED July ATTENDING PHYS. **STAFF** DIRECTOR 4 may O FUNERAL director, pa should be fil 22c. PHYSICIAN'S, 22d. ADDRESS NAME (Type) FASSETT BURIAL, CREMATION, 23b. REMOVAL (Specify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) TAL FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65



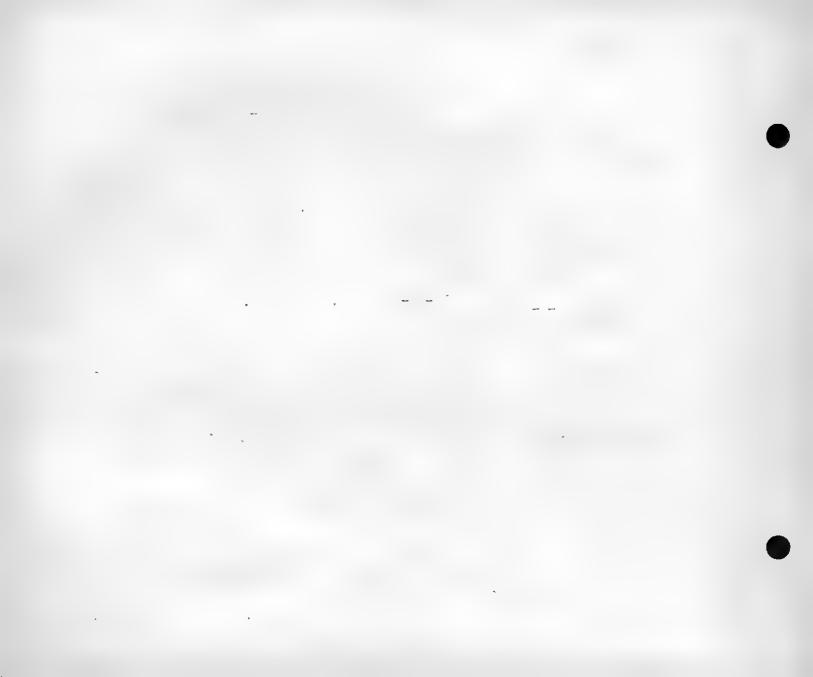
]	l		Division of STATIST				PARTMENT OF HI I W. PRESTON STRE		ORE, MARYLA	ND 21201	
FOR STATE		0052	5	MED	ICAL EXAMIN	ER'S	CERTIFICATE O	F DEATH		095	27
HEALTH DEPT.		PLACE OF DEATH a. COUNTY DORC	HESTER		MARYL	AND	2 USUAL RESIDENCE (VIII. STATE MARYLA	Where deceased	lived if institution b. COUNTY	r Residence before	odmission)
f uny delay is 1, 2, and 3 to m PM3. Page Department of		b CITY OR TOWN (If outside corporate I mits d give nearest town)	iv.	6 MONTHS	116	CHESTER	irside (arporote	limits, write RURA	L ond give nearest	town)
form F		d NAME OF HOSPIT	AL OR INSTITUTION (If no	t in haspital, g	ive street address)		d. STREET ADDRESS				ON A FARM? VES NO 1
# 4 2 K	y .	NAME OF DECEASED (Type or print)	PATRIC		Middle		last IONES	4. DATE OF DEATH	Month JULY	Day	Year 19 67
18. Give e olong v		FEMALE	6 COLOR OR RACE WHITE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	X	8. DATE OF BIRTH 03-18-19	9 1		Manths Days	Haurs Min
1.24 hours in Item II er's Office ges land 2 v any event	100 dur	. USUAL OCCUPATION ng mast af warking NONE	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		II BIRTHPLACE (Stote KANSAS	or foreign coun	try)	12 CIT ZEN OF COUNTRY? US	WHAT A
within 24 in pendi in Examiner's File pages and in any	13	FATHER'S NAME CHARLES	R. JONES				14. MOTHER'S MAIDEN I		4 side	m Ell	is.
	(Ye	WAS DECEASED EVE	R N US ARMED FORCES? (If yes give wor or dates a	f service)	SOC AL SECURITY NO		NFORMANT CORDS OF THE	EASTER	Address N SHORE		OSPITAL
		18. CAUSE OF DE	EATH (Enter only one cou I'M WAS CAUSED BY- -MMEDIATE CAUSE	1 1	(o), (b), and (c).)		es pi-o	4.00	- 4	INTE	RVAL BETWEEN ET AND DEATH
ote should be eg the word 'per and to the Chief! o burnol-transit cremation, ar re		Canditions, fahy,	a course fol	(b) 01	for oc	lu	con de	not	\		
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his certifico ote, writing e forworder be used os to buriol, c	CERT; FICATION		-Sel	0512	phyeic	. ~	THE TERMINAL DISEASE COM	(d:	- medly	1	WAS AUTOPSY PERFORMED? S NO
	AL CERTIFI	20a EXTERNAL (A PRIMARY □ or COI CAUSE OF DEATH	NTRIBUTING 🗆				(Enter nature of injury in				
L EXAMINER: ecute the certifoge 4 should or your files. R.Poge 3 should the death of the death o	MEDICAL	Hour o.n	n. 19	While of work	Not While of work	fact	CE OF INJURY (Hame, form ary, street, office bldg., etc.)		City or town)	(Caunty)	(State)
2		21. 1 certif death result	y that I taok charge ted from: Natura	e of the rep I causes 🖟	nains described obt Accident [],		ide 🔲 , Hamicide		i [], Inquir etermined mai	,	in my opinion
		ACTUAL SIGNATURE	12 WK	بلعا	<u> </u>			CAL EXAMINER			2. DATE SIGNED
O DEPUTY necessary, p the funeral 5 may be so 6 FUNERAL Health or its	23/	EXAMINER'S NAME (Type)	DN. 236 DATE THE	ecka	Z3c. NAME OF CEMET	ERY OR	DEPUTY MEDICAL CONTROL OF THE PROPERTY MEDICAL CONTROL OF THE PROPERTY OF THE	, city, thun,	TON (Sity or Town		(Stote),
5 = 2 5 = 5		PEMOYAL (Specify	July 1.	5/47	Chistu		Cernetary	O BY REGISTRAR	sperlian	STRAR'S SIGNATUR	hud.
VR A15ME (5)		Man	in V. Well	edrin	Mushul	nen	ma. DATE J	UL 18	1967	charles	Judge



		CERTIFICATE	N STREET, BALTIMORE, MARYLANI	
_	00526	CERTIFICATE		1528
1	PLACE OF DEATH a. COUNTY		2 USUAL RESIDENCE (Where deceosed liver o. STATE	d, if institution Residence before admission) b. COUNTY
	DORGHESTER	MARYLAND	M:RYLA'ID	DOROTESTAR
	b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	C. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corporate simil	ts, write RURAL and give nearest town)
	d NAME OF HOSPITAL OR INSTITUTION (If not in haspite	1 MON.	d. STREET ADDRESS	e IS RESIDENCE
	CAPPRIDGE MARYLAND HOSPI			ON A FARM?
3	NAME OF First	Middle	810 PHILLIPS	Month Day Year
	DECEASED (Type or punt) ENOCH	THE STATE OF THE S	OF.	JULY 17 1967
	SEX 6. COLOR OR RACE 7 MARRI	ED NEVER MARRIED E	DATE OF BIRTH 9. AGE ((In years IF UNDER 1 YEAR IF UNDER 24 HRS
	MALE NEGROID WIDOW	ED 🛣 DIVORCED 🔲 T	DEC. 25. 1890 76	birthday) Manths Days Haurs M.p.
10a	a. JSUAL OCCUPATION (Give kind of work dane 10b	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State or foreign co-	unity) 12 CITIZEN OF WHAT COUNTRY?
	ring most of working life, even if retired)	110031KI	DOROTT STUR CO.	MD. USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
10	GEORGE LEE . WAS DECEASED EYER IN U.S. ARMED FORCES?	COCIN CECUDITION 17	ANNIE SEYMO	
(Ye	es, na_or unknown) [(If yes give war ar dates at service)]			Address
	18. CAUSE OF DEATH (Enter only one cause per line	17-07-377/A	HATTIE IN C	ACTECT G.C., MO.
		kemia .a.		ONSET AND DEATH
	DUE TO			
	Conditions, if any, which gave (b)			
	stating the underlying cause			
	last. (c)			
ION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G 10 DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
CERTIFICATION	20g ACCIDENT WAS UNDERLYING ☐ 20b	DESCRIBE HOW INITIBY OCCUPRED (Enter nature of injury in Part I ar Part II of i	YES NO X
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	error (feet breeze occument)	and he discoveringly is run in the total transfer	ten of
3	20c TIME OF NJURY Month, Day, Year 20c	INJURY OCCURRED 20e PLAC	E OF INJURY (hame, farm, 20f (City o	ar town) (Caunty) (State)
MED	pm. 19) at v	vark 🗀 at wark 🔲	rry, street, office bidg , etc.)	
	21. I certify that (I) (this haspital) att	ended the deceased fram_J	une 3. , 1907, ta J	uly 17,1957, that (I) (we) las
	saw the deceased affive an Jii	717, 219 07, and that	death accurred atM, from	n causes and an the date stated above
	22a SIGNATURE		ATTENDING X MED.	STAFF DATE SIGNED July 19, 196
	ZZc. PHYSICIAN'S	er M.D	PHYS LXI DIRECTOR L F	HIZ LI
	SIABIT (Towns)	PASSETT, M.D.	623 HIGH ST SUT	CAMBEL NESS, LO.
230	D. BUR AL CREMATION. 236 DATE THEREOF	23c NAME OF CEMETERY OR C		(City or Tawn) (County) (State)
	REMOVAL (Specify) BURIAL 7/22/67	MATONES	MADITS	SON DOR NO
24	FUNCAL DIRECTOR	ADDRESS 14	DATE JUL 2 5 19	25b. REGISTRAR'S SIGNATURE MOSELS
	Tulunk (: / Itsles	CAMPTORI, M	D. DATE JUL 2 5 191	41 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 69530 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o COUNTY o STATE Maryland b. COUNTY Dorchester Dorchester lease remove corban papers. Pages 1 and in ony event, within 72 hours ofter MARYLAND b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Cambridge 3 days Rural-Crocheron d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENC filled ; ON A FARM? Cambridge Maryland Hospital None YES NO X 3 NAME OF First Middle 4. DATE Last Month Year DECEASED MILLS OF EVELYN SINCLAIR July 6 19 67 (Type or print) DEATH S SEX 6 COLOR OR RACE 8. DATE OF BIRTH IF JADER 1 YEAR IF UNDER 24 HRS 9 AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Female White Months Jan. 26, 1909 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 13 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired)
Housewife physician a nen please HOME COUNTRY? Dorchester Co., Maryland USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotion, or removol, Charles Sinclair Then Mary McNamara attending | WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT permit. (Yes, na or unknawn) (If yes give wor ar doies of service) Mr. Russell H. Mills, Crocheron, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by the burial-transit p PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO ocute and chronic infection Conditions, if any, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the hospital or attending stacked for use as the Dept. of Health prior to has CONTRIBUTING WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS PERFORMED? YES L **−N**0 certificote 206 DESCRIBE HOW INJURY OCCURRED 20g ACCIDENT WAS UNDERLYING (Enter nature of OR CONTR BUTING CAUSE OF DEATH disease cardiovascular etoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, (City or fown) (County) (State) TO FUNERAL DIRECTOR: After this Hour To.m. foctory, street, office bldg, etc.) Not While ot work of work 6. 19_6 (that (1) (we) last 21. I certify that (I) (this bosertal) attended the deceased from July director, page 3 should should be filed with the and that death accurred at M. fram causes and an the date stated above saw the deceased alive and 22o SIGNATURE 22b. DATE SIGNED ATTENDING PHYS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY
Dorchester Memorial Park 23o. BURIAL (REMATION 23d LOCATION (City or Town) (State) Cambridge, Maryland 24 FUNERAL DIRECTOR **ADDRESS** VR A15 (4), 25M 1/67 LeCompte Funeral Service, Cambridge, Maryland



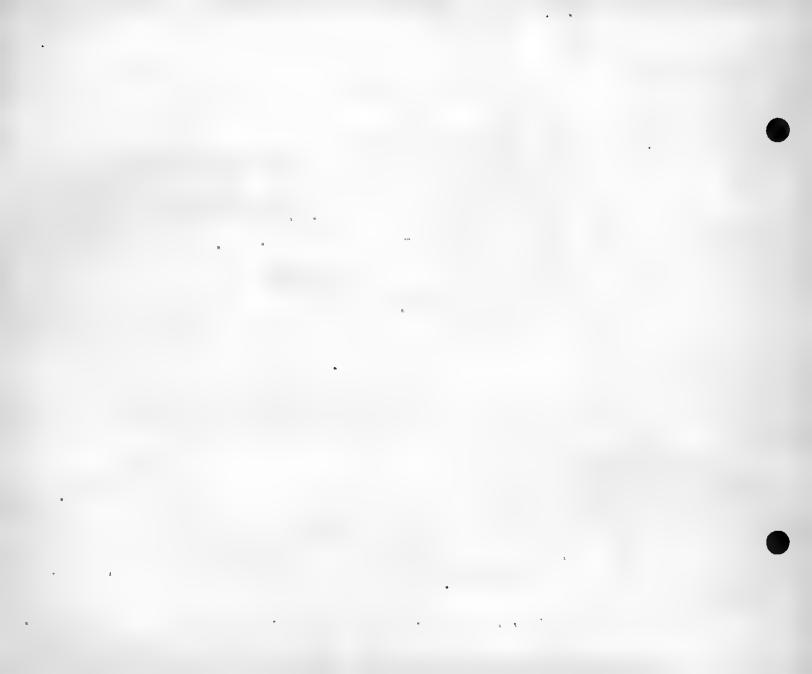
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH うられるが ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after_deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Dorchester Maryland **b** COUNTY Dorchester MARYLAND papers. Pages Phin 72 haurs after b CITY OR TOWN (If outside corporate i mits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Life Rural-Cambridge Rural-Cambridge d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Wingate Wingate YES 🔲 NO IX 3 NAME OF Middle 4 DATE Lost Month Dov Year DECEASED GERTIE ELLEN PARKS July 30. 67 Type or print DEATH 19 bunal, cremation, ar remaval, and in any event S SEX 6 COLOR OR RACE AGE (In years IF JNDER 1 YEAR 7 MARRIED NEVER MARRIED B DATE OF BIRTH IF UNDER 24 HRS lost birthdoy) Months Female White March 2, 1876 Doys WIDOWED X DIVORCED attending physician and/ sermit. Then please rem 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Home **COUNTRY?** Dorchester U. .. Haryland USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Joseph Tall unk 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dotes of service Mr. Albert Parks, Wingate, Maryland 21675 Nο unk signed by the c burial-transit po IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN EART FAILURE PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' by the haspital or attending physician. DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse as the has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN 19 PART 1(0) WAS AUTOPSY PERFORMED? etached far use Dept. af Health p NO certificate YES [200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port | or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TO FUNERAL DIRECTOR: After this 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) Hour 'o m foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased from TO HOSPITAL OR ATTEND Page 4 may be retained F¢ 1965 saw the deceased alive on. and that death accurred at _M, fram causes and on the date stated above. 220 SIGNATURE 22b. DATE SJÖNED MED. DIRECTOR PHYS director, page should be filed 22c. PHYSICIAN S NAME (Type) 23a BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Burial (Specify) Aug 2. 1967 Dorchester Memorial Park Cambridge Maryland REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS REL DUBY REGISTRAR VII A15 (4) 25M 1/67 LeCompte Funeral Service, Cambridge, Maryland DATE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05533 09530 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE Maryland b COUNTY Dorchester Dorchester tely filled in by the fur thon papers Pages I, within 72 hours affet MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural-Cambridge d STREET AOORESS IS RESIDENCE d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Cambridge Maryland Hospital Maple Dam Road, RFD #2 YES X NO carbon 3 NAME OF First Middle 4 DATE Month Year OECEASED SAMUEL PAYSINGER July 67 10 (Type or print) DEATH remove d and come S. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years 7. MARRIED **NEVER MARRIED** Mala White last b'rthdoy) Dec. 11, 1892 WIDOWED OLYORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT physician a during most of working life, even if retired).
Lumberman-Retired INDUSTRY Lumber COUNTRY? South Carolina and USA 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME burial, crematian, ar removal, John Paysinger Ada Shigh attending p 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT permit (Yes, no, or unknown) If If yes give wor or dates of service Mrs. Samuel C. Paysinger, Cambridge, Md. unk 18. CAUSE OF CEATH (Enter only one couse per line for (a), (b) and (c)) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ Page 4 may be retained by the haspital ar attending physician. 4401 DUE TO signed Conditions, if ony, which gove rise to immediate cause (a), DHE TO stoling the underlying couse be detached far use as the State Dept. af Health priar ta last. WAS AUTOP PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT has NOT RELATED TO PERFORMED? NO certificate 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year After this Hour am factory, street, office bldg., etc.) Not While of work 21 I certify that (1) (this haspital)_attended the deceased fram In M, from causes and on the date stated above. O FUNERAL DIRECTOR: saw the deceased alive on and that death occurred of 220. SIGNATURE 22b DATE SIGNED ATTENDING M.D DIRECTOR director, page 3 should be filed eq 22d. ADDRESS 22c PHYSICIAN S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION East New Market Cemetery REMOVAL (Specify) East New Market, Maryland **ADDRESS** 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 [4] 25M 1/67 LeCompte Funeral Service, Cambridge, Maryland 1967 Charlen

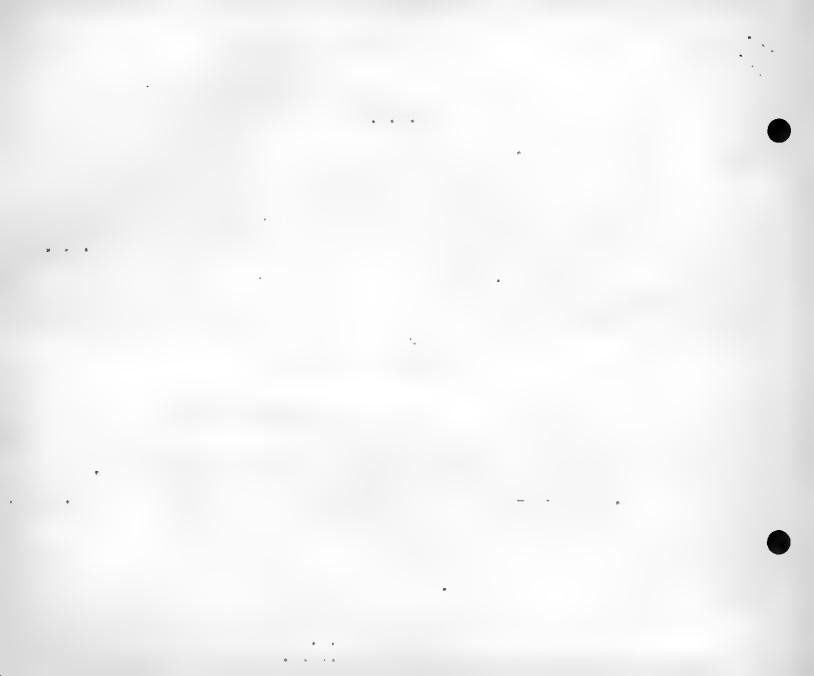
1 1	MARYLAND STATE DEPARTMEN Pixision of STATISTICAL RESEARCH AND RECORDS, 301 W. PREST		21201
	MEDICAL EXAMINER'S CERTIFIC		10594
ī	PLACE OF DEATH • COUNTY OORCHESTER MARYLAND 2 USUAL RE • STATE	SIDENCE (Where deceased lived, if institution Re 140.	s dence before odm ss.on) CEC1L
1		OWN IIf outside corporate limits, write RURAL and ELKTON	
F	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) BASTERN SHORE STATE HOSPITAL	DDRESS	e IS RES DENCE ON A FARMA YES NO
	NAME OF First Middle Lost DECEASED (Type or print) BENJAMIN PRIC		Doy Year 19 67
_		1886 80 xx yrs. Mont	
d	during most of working life, even if retired) NONE NONE	Mex. Md.	2 CT ZEN OF WHAT COUNTRY?
	BENJAMIN PRICE Lindate	S MAIDEN NAME S JONES	
(15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, open frown) (f yes g ve wor or dates of service) None. 17. INFORMANT HOSPIT.	Address AL RECORDS	
	18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a) TERMINAL PNEUMONIA		ONSET AND DEATH
	Conditions, if ony, which gove use to immediate cause (a), stating the underlying cause lost.		3 DAYS
MULTION	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL OF	ISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO XX
CEPTIE CATION		f imury in Port I or Port II of item 18.)	
MFD CAL	20c TIME OF INJURY Month Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Wh.e. of work of work of work of work	. LLL4-3	(County) (State) OR • MD •
	ACTIAL V. 7 - A		
2	EXAMINER'S JOHN MA CE JR. DEP	UTY MEDICAL EXAMINER X CA MBR ress (Street, city, town, or county)	10GE 7/3/67
2	230 BURIAL (REMATION, REMOVAL (Specify) July, 7, 1967 St. Stephens Cemeter		(County) (State) Cecil, Md.
	Éduraid Tellows Cecilton, Md.	250 RES DILY REGISTRAR 1967Sb. RES DATE	ister Judge



	MARYLAND STATE DEPARTMENT OF HEALTH A DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
2	CERTIFICATE OF DEATH (1903)
	1. PLACE OF DEATH a. COUNTY Dorchester MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission b. GOUNTY b. GOUNTY Maryland Dorchester
	Dorchester b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Maryland Maryland C. LENGTH OF STAY IN 1b c. GITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	Cambridge 30 years Cambridge
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENGION A FARM? 1100 Race Street yes \(\sum no \(\sum \)
ŀ	1100 Race Street 1100 Race Street YES NO 3 NAME OF DECEASED A. BATE Month Day Year OF Deceased YES NO 3
	(Type or print) Katie Rosalie Schaffer DEATH July 24.1967 19
•	5. SEX 6. GOLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (in years FUNDER 1 YEAR IF UNDER 24 HR: 1
ŀ	Female White Wybewer Divorced Jan 29, 1881 86 yrs. 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. GITIZEN OF WHAT
ı	during most of working life, even if retired) INDUSTRY GOUNTRY7
ŀ	Homemaker Germany II.S. 13. Father's name 14. Mother's Marden Name
l	Frederick Hahn Frieda
1	Frederick Hahn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOGIAL SEGURITY NO. 17. INFORMANT 11. OF The da Indicess Race Street
	No Charles R. Schaff'er, Cambridge, Md.
	ONSET AND DEATH
1	, IMMEDIATE CAUSE (a)
	Cenditions, if any, which \ m A drawed Semility
1	gave rise to immediate cause (a), stating the DUE TO
Ì	underlying cause last. (c) Cerebral Vascular Diserse
ł	PART II. OTHER SIGNIFIGANT GONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
۱	YES NO SE 20a. AGGIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
Į	PART II. OTHER SIGNIFIGANT GONDITIONS GONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO S 20a. AGGIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
1	
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCGURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work
I	21. I gertify that (I) (this hospital) attended the degeased from 3-29, 1967, to 7-24, 1967, that (II) (we) last
	saw the deceased alive on 7-/7 19 67, and that death occurred 4t: OOB from the causes and on the date stated above
	22a. SIGNATURE 22b. DATE SIGNED RELIGION DE STAFF 7-25-67
	22c, PHYSICIAN'S 1 22d, ADDRESS
	NAME (Type) RICHA'RD G. BILDDEAU CITY OFFICE BLOG. , LAMBRIDGE, MD.
	23a. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR GREMATORY 23d. LOCATION (Gity, town or county) (State)
	Purial July 27,196/ Drund Ridge Cometery Pikesville Redstrars signature
	Kenneth K. Thomas campridge. Md. DATE JUL 31 1967 yourses Justes
1	Valley III.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09533 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT! PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a COUNTY o. STATE delay is ond 3 to b COUNTY P.M3. Poge b CITY OR TOWN (If at Iside corporate limits. MARYLAND Marwland Prince Georges c EITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) r TENGTH OF STAY IN 1b puo Cambridge Hyattsville D. O.A. a NAME OF HOSP TAL OR INSTITUTION (If not in haspital, a ve street address) e IS RESIDENCE ON A FARM? with form Cambridge. Md. Hospital Stote NO E YES Give Pages 2/102 Woodbury Street 3. NAME OF Middle 4 DATE First Day Year DECEASED (Type or print) DEATH Elizabeth Schiavone July Ann certificate, writing the word penancy or parameters office along anould be forwarded to the Chief Medical Examiner's Office along AGE (In years last birthday) IF UNDER 24 HRS S SEX 6 COLOR OR RACE NEVER MARRIED B DATE OF BIRTH 7 MARRIED Manths Days hours after death. WIDOWED DIVORCED White 27 Femala . une 10o USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? be executed within 24 None H.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Matthew A. Schiavone 0 Vera Mae Kiddwell w.thin 72 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, na, ar unknown) (If yes give war ar dates of service Cambridge Hospital Records No IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) NTERVAL BETWEEN buriol-trons t ONSET AND DEATH PART I DEATH WAS CAUSED BY in ony event Intracranial injuries IMMEDIATE CAUSE (a) s certificate should DHE TO Instant Canditians, if any, which gave Multiple fractures skull rise to immediate cause (a). **DUE 10** storing the underlying couse 9 WAS AUTOPSY PERFORMED? removol, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) CERT F CATION NO DX 20g EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I of Part II of Item 18) 3 should 4 should b CAUSE OF DEATH Passenger in auto in head on collision. cremotion, 20d INTURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or tawn) (State) 20c TIME OF INJURY Month Day, Year factory, street, affice bldg , etc) While Not While 7-28-57 Vienna Md. at wark at wark 21. I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my apinion Inspection DIRECTOR: Accident X Undetermined manner death resulted from-Natural causes Suicide Hamicide be retained ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE moy be re FUNERAL I the funeral DEPLTY MEDICAL EXAMINER EXAMINER'S 7/29/67 John Health Address (Street, city, fawn, or county) 230 BURAL CREMATION 23c NAME OF CEMETERY OR PREMATORY (State) 23b DATE THEREOF LOCATION (City or Town) (County) 0 SUR (Specify) MT. OLIVET LEMETERY Funeral Home, Washington, D.C. VR A15ME (5) 6M 1/67 7400 Georgia Ave. N.W



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09534 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before agmission) . PLACE OF DEATH b countyPuince George o. COUNTY o. STATE ny delay is 2, and 3 to PM3 Page Dorchester MARYLAND b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b write RURAL and give nearest town) Min. Hvattsville Cambridge d NAME OF HOSP TAL OR INSTITUTION (M not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? please execute the certificate, writing the ward "pending" in pencl in Item 18. Give Pages 1, director Page 4 should be farwarded to the Chief Medical Examiner's Office along—with farm 2402 Woodbury Street Cambridge Hospital NO 🖆 the State be executed within 24 haurs after death DATE Year NAME OF Middle Lost OF DEATH DECEASED July 28 Schiavone (Type or print) Vera 180 F UNDER 24 HRS AGE (n years lost b rthday) S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH Hours remaya, and in any event within 72 haurs after death WIDOWED DIVORCED White 10 Female 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done during mos) of working life, even if retired) 10b KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country INDUSTRY ASHINGTON 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME IZABETH AWRENCE 17. INFORMAN 16. SOCIAL SECURITY NO (Yes, no, or ynknown) (If yes give wor or dotes of service) Campridge Md. Hospital Records UNKNOWN INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Intracranial injuries IMMEDIATE CAUSE (a) This certificate shauld DUE TO Multiple skull fractures Canditions, if any, which gove rise to immediate couse (o). DUE TO storing the underlying cause WAS AUTOPSY PERFORMED? PART I OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO X 200 EXTERNAL CAUSE WAS PR MARY Car CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port or Port 1 of item 18) 3 shauld in car in head on collision ö Passenger CAUSE OF DEATH MEDICAL (City or town) (County) 20c TIME OF INJURY Month Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home form factory street, office bldg, etc.) Not White at wark Md. FUNERAL DIRECTOR: Poge 28/67 Dor. Vitenna. ot work Highway Inquiry . 21. I certify that I tack charge of the remains described above, held an Autopsy . and in my apinian Inspect on . Health priar to burial, Undetermined manner death resulted from: Natural causes Accident X Suicide . Hamicide funeral directar may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7/29/67 DEPUTY MEDICAL EXAMINER TO John Mace Jr. Address (Street city, town, or county) (Stote) NAME OF CEMETERY OR CREMATOR (County) BUBIAL, CREMATION, MT. OLIVET CEMETER D BY REGISTRAR Home, Washington, D.C. 25b REGISTRAR SAGGNATURE VR A15ME (5) 6M 1/67 Georgia Ave. N.

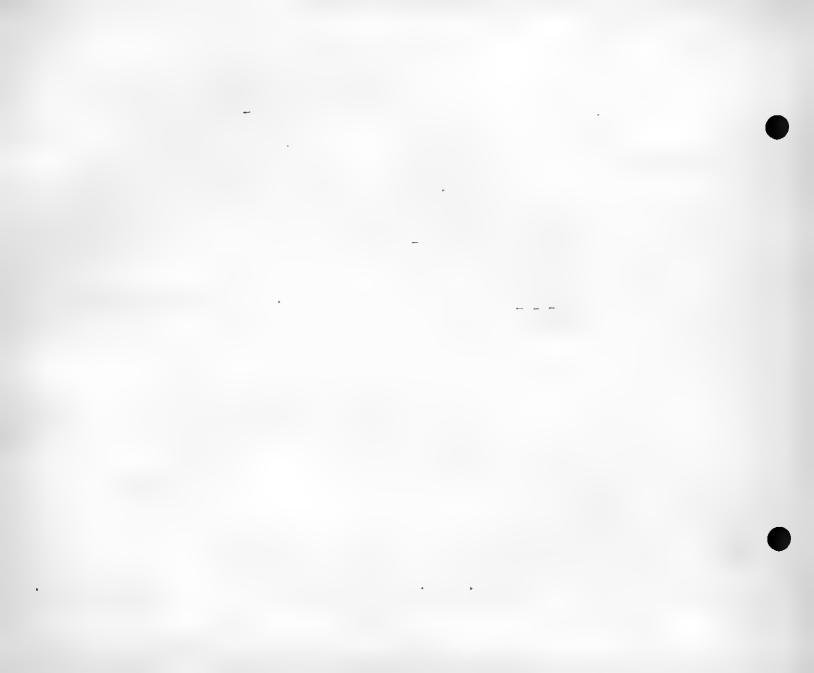


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 33533 09535 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O COUNTY Dorchester 2, and 3 to PM3. Page Maryland b COUNTY Dorchester MARYLAND deloy c CITY OR TOWN (H autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (f autside carparate limits, C LENGTH OF STAY IN 18 Rural-Cambridge Life Rural-Cambridge d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC form Give Pages 1, ON A FARMA Cason's Neck Road, RFD No. 3 Cason's Neck Road, RFD This certificate should be executed within 24 hours ofter death. ie certificate, writing the word 'pending" in pencil in Item 18. Give Pagishould be forworded to the Chief Medicol Examiner's Office along with 3 NAME OF Middle First DATE Year DECEASED 19 67 VERNIE ALLEN July SEWARD (Type or print) DEATH S SEX IF UNDER 1 YEAR 6 COLOR OR RACE B DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last purthday) Male Days White July 15, 1892 MIDOWED DIVORCED event within 72 hours ofter death 10a. USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired)
Carpenter-waterman Dorchester Co., Maryland General-Seafood COUNTRY? USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Edward Seward Susie Emily Hubbard IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, ar unknown) (If yes g ve war ar dates of service) Mrs. V. A. Seward, RFD #3, Cambridge, Md. unk 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Coronary occlusion the certificate, writing the word DUE TO quy Canditions, if any, which gave rise to immediate cause (a), = DUE TO stating the underlying cause puo be used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? removal, CERTIFICATION NO K 20a EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of in ury in Part I ar Part II af item 1B) 3 should PRIMARY I or CONTRIBUTING I MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) ((ounty) (State) factory, street, affice bldg, etc.) FUNERAL DIRECTOR: Poge at wark 21. I certify that I took charge of the remains described above, he'd an Autopsy Inspection X Inquiry . and in my coinian death resulted from Natural causes x Accident Suicide . Undetermined manner Hamicide | the funeral director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Heolth prior 7/28/67 pe O DEPUTY DEPUTY MEDICAL EXAMINER 🔄 EXAMINÉR'S Jr. M.D. Address (Street, city, town, or county) 'Cambridge, Md. John Mace 23d LOCAT ON (City or Town) (County) (State)
RFD #3, Cambridge, Maryland 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BUR AL CREMATION, 0 2 July 30 1967 Dail Family Cemetery 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25a RECD BY REGISTRAR

DATE

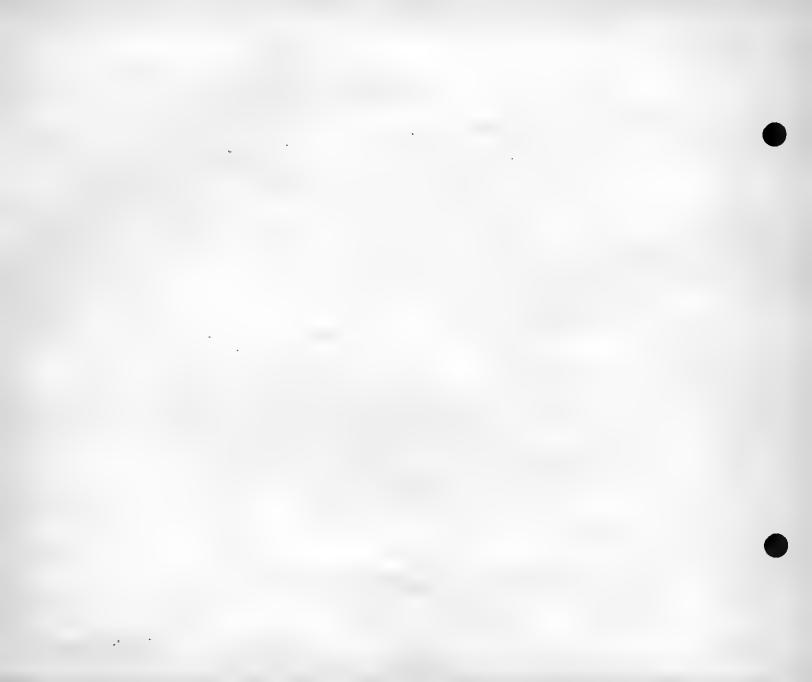
LeCompte Funeral Service, Cambridge, Maryland

VR A15ME (5)

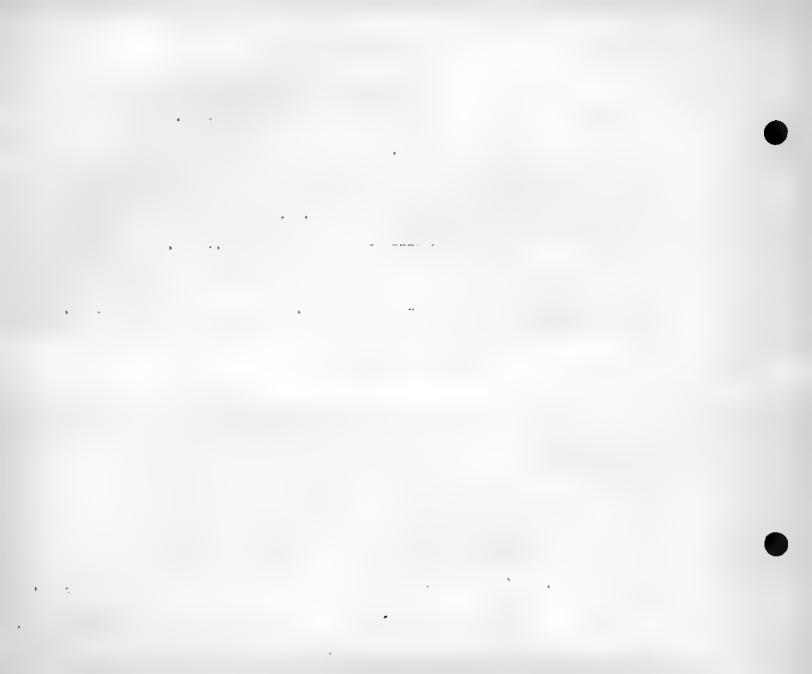


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09541 CERTIFICATE OF DEATH certificate be executed within 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE **b** COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (If Not in hospital, give street, address) d STREET ADDRESS e IS RESIDENCE ON A FARM? par YES NO DE carban NAME OF Middle DATE Year DECEASED OF DEATH (Type or print) S SEX 6. COLOR OR RACE 9. AGE (In years' IF UNDER I YEAR F JNDER 24 HR lost birthdoy) Months Hours Doys WIDOWED DIVORCED lan 01 Do USUAL OCCUPATION (Give kind of work done IDS KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign 12 CITIZEN OF WHAT physican can be please during most of working life, even if retired INDUSTRY HOUGE WI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, attending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

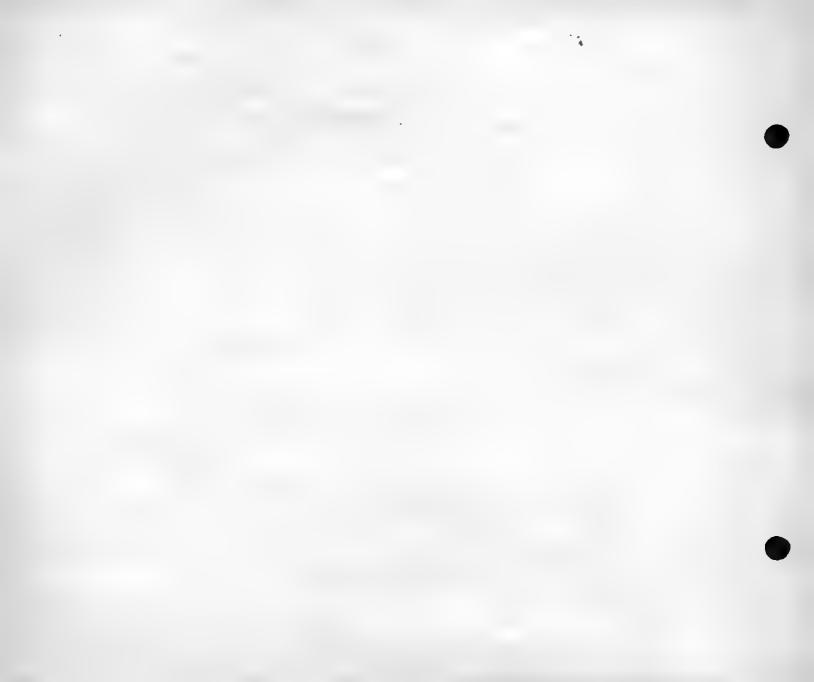
(Yes, no, or unknown) (If yes give wor or dates of service) PHYSICIAN: The law requires that the death' 16. SOCIAL SECURITY NO 17. INFORMANT Address -16-42129 burial, cremotian, 18. CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (c).) INTERVAL BETWEEN the burial-transit PART I. DEATH WAS CAUSED BY. DIM OF Calon IMMEDIATE CAUSE (a) ۾ O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO signed Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying couse this certificate has been priar to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO b 2Do ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF NILRY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (Crty or town) (State) (County) Hour o.m. factory, street, office bldg, etc.) Not While 19 FUNERAL DIRECTOR: After at work of work 21. I certify that (I) (this hospital) attended the deceased fram 6 and that death accurred at 325pM, from causes and an the date stated above. saw the deceased alive an 220 SIGNATURE directar, page 3 shauld be filed v DIRECTOR 22c. PHYSICIAN S turlick NAME (Type) 23b DATE THEREOF 230 BUR AL CREMATION. 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) (County) EMOVAL (Specify) 7-22-6 EASTON 2 24. FUNSRAL DIRECTOR VR A15 [4] 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09540 09537 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE **b** COUNTY and completely filled in by the furthernove carbon papers. Pages 1. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outs de corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) LIFE LINK DOD. MO. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? CAMBRIDE MARYLAND HOSPITAL YES NO TY ottending physician and completely f permit. Then please remove carbon 3 NAME OF 4 DATE OF First Middle Day Yeor DECEASED HELENATINA INA BATTEY STANLEY (Type or print) DEATH JULY. 1967 6. COLOR OR RACE 9. AGE (In years IF JNDER 1 YEAR 7 MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS lost birthdoy) Months Dovs Hours MEGRO WIDOWED DIVORCED 10b KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** WICCMICO CO. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotian, or remova BAIII, EYELIZAB CTH PAULEX 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 211:-07-8809 A. B. STANLEY LEKKIJOD 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (0) Cardiac Decompensation Page 4 may be retained by the hospital or attending physician. DUE TO Coronary heart disease we eks Conditions, if any which gave rise to immediate couse (a), DUE TO has been see os the the prior to b stoting the underlying couse last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. of Health NO X certificate 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home form, 20c. TIME OF INJURY Month, Doy, Year 20f. (City or fown) (Stote) Hour om. factory, street, office bidg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from JUDO 20, 1001 director, page 3 should should be filed with the saw the deceased alive an Juny 10. 719 67, and that death occurred at M, from causes and an the date stated above. 220 SIGNATURE 22b DATE SIGNED M.D DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) FAGSET 230 BURIAL (REMATION, 236 DATE THEREOF 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 25M 1/67



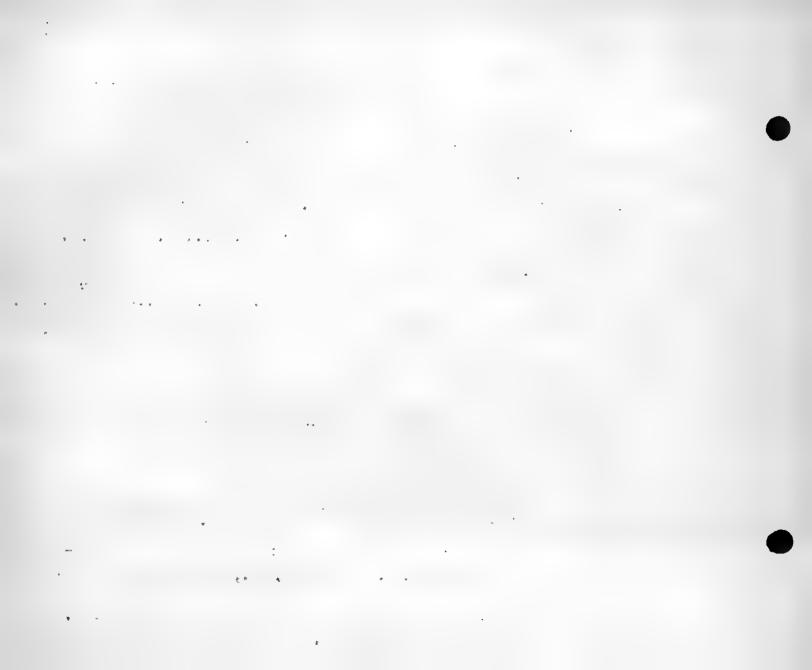
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09538 39542 CERTIFICATE OF DEATH sate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) C COUNTY b COUNTY MARYLAND C CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest fown) LUCRER STEP. b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town Pocomoke papers. hin 72 fic d NAME OF HOSPITAL OR INSLITUTION (If not in hospital, give street address) 8 IS RESIDENCE ON A FARM? crematian, ar remaval, and in any event, within 72 YES NO X 3. NAME OF 4. DATE Month Year DECEASED (Type or print) LILLY DEATH IF UNDER TYEAR IF UNDER 24 HRS 6 COLOR B. DATE OF BIRTH AGE (In years MARRIED last birthday) Hours 14/4/6, 1897 emale WIDOWED DIVORCED 11. BIRTHPLACE (County & State or foreign country) 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY naryland 13. FATHER'S NAME OR ATTENDING PHYSICIAN: The law requires that the death/ grits CORGE IS WAS DECEASED VER IN U.S ARMED FORCES? 17 INFORMANT MEA 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service NONE signed by the a burial-transit pe 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH cachexia Seni IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires thr Page 4 may be retained by the haspital or attending physician. 4500 DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) brain Shn crome. Arterwelerosic. YES 🗌 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INFURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour a.m factory, street, office bldg. etc.) at work at work 21 I certify that (I) (this haspital) attended the deceased from angust 11 14, 19 67, that (I) (we) las 19 6 7, and that death accurred at 530 pM, from causes and an the date stated above saw the deceased alive an _______ 220 SIGNATURE 22b. DATE SIGNED amos ATTENDING July 14 director, page 3 shauld be filed v M D DIRECTOR PHYS. PHYS. 22d ADDRESS BARROSO HUPLOCK 23b. DATE THEREOF 23c NAME OF CEMETERY OR FROM LORY 230 BURIAL CREMATION 23d LOCATION (City or Town) (County) > WESSELL'S 16-1967 MEARS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 1967 ROBERT H. WATSON



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Maryland Dorchester Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge Cambridge Vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Glasgow St. NO X Cambridge-Md. Hospital YES thon n executed within NAME OF 4. DATE Day Middle Last DECEASED DF DEATH (Type or print) 1.0 19 Turner July 6 Ethe: Laverne remove 6. COLOR OR RACE 8. DATE OF BIRTH 9. ACE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED any WIDOWED [DIVORCEDX White Jan. Female 10a. USUAL OCCUPATION (Cive kind of work done) .= 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? U.S. Baltimore Md. Restaurant Waitress 盃 removal. 13. FATHER'S NAME MOTHER'S MAIDEN NAME transit permit. Then p, cremation, or rem Wagner Ethel Henry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Wayne V Turner Rt. 1. Hebron INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] I-transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE gned been s.
the burial, c.
burial, c. DUE TO Hypertensive Cardio Vascular Disease Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the prior 1 underlying cause last CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPS PERFORMED? certificate NO 🏝 YES T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of item 18.) tached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (County) (State) TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) a.m. Not While at work at work 5-16-66 7-10-67 70 that (I) (we) last the 21. I certify that (I) (this hospital) attended the deceased from to DIRECTOR: age 3 should lied with the and that death occurred at 5:00Alfom the causes and on the date stated above. saw the deceased alive on 3-15-67 22b. DATE SIGNED 22a. SIGNATURE director, page Should be filed v ATTENDING MED. STAFF 7-11-67 DIRECTOR PHYS. M.D. PHYS PHYSICIAN'S BUNKER, M. D. Ave. Cambridge Md. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION... REMOVAL (Specify) Cambridge Md. Dorchester Mem Burial 1987 Park FMNERAL DIRECTOR Cambridge Md. VR A15 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death, 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE DE DEATH a. CDUNTY b. COUNTY a. STATE Derchester MARYLAND Marvland Dorchastar b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY DR TDYN (If outside corporate limits, write RURAL and give nearest town) labers. Pagin 72 hours Years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Cambridge d. STREET ADDRESS IS RESIDENCE (Illed ON A FARM? Willis YES ND TO 108 Willia Streat and completely remove carbon pany event within requires that the death certificate be executed within 3. NAME DE DATE Month Day Year First Middle Last DECEASED DF DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min. 19 Vickers DATE OF BIRTH Booze 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White Feb.5.1892 Female WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done i 12. CITIZEN OF WHAT 10b, KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) lease and ir during most of working life, even if retired) CDUNTRY? Lakesvill.Dor..Co. U.S. attending physic ermit. The≡ plea n, or removal, an Homamekare 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Mills Robert O. Booze 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 100 reswillis Street (Yes, no, or unknown) | (If yes give war or dates of service) transit merm cremation, o 220-12-1053 Bradford A. Vickers, Sr., Cambridge, Md. the INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH I-transi PART I. DEATH WAS CAUSED BY: à METASTATIC CARCINOMA OF LIVER yr. attending physician. IMMEDIATE CAUSE (a). been signed the burial-transor to burial, cre DUE TO Conditions, if any, which **(b)** gave rise to immediate DUE TO cause (a), stating the 6 underlying cause last, as CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate HYPERTENSIVE CARDIO DIABETES MELLITUS VASCULAR DISEASE ND A YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) r this certif detached for te Dept. of B MEDICAL 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be de State Hour a.m. Not While After ATTENDING at work at work the de 1-9-50 7-11-67 19 to_ ____ that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred 7:00 MP from the causes and on the date stated above. saw the deceased alive on 77-6-67 _ 19 22b. DATE SIGNED 22a/ SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 7-12-67 page M.D. FUNERAL HOSPITAL 22d. ADDRESS director, p. PHYSIC IAN'S 2161 3 Md.Ave., Cambridge, Maryland BUNKER, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 235. DATE THEREOF 2 REMOVAL (Specify) Buria] Dorchester Memorial
ADDRESS | 25a. REC Park. Cambridge. Md FUNERAL DIRECTO Cambridge . Md. VR A15 (4) DATE 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removel carbon papers. Pages, Tord 2 should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 hours ofter death

VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09545

09541

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY						2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY						
	h CITY OF TOWN	ORCHESTER		c. LENGTH OF STAY	RYLAND	MARYLAND WICOMICO C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown)						1
L	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)											
C	AMBRIDGE (RURAL)			18 PAY	>	PARSONSBURG				222		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) EASTERN SHORE STA TE HOSPITAL					d. Street address e is residence on a farm? yes no se						
	NAME OF		irst	Middle		Lost	4. DATE	Mor	nth	Day	Ye	1,000
	(Type or print)	ISAA	С	SAMUEL	W	HITE	30	JULY	21	00,	16	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🗌 8	DATE OF BIRTH	9	, AGE (In years	IF UNDER		IF UNDER	
	MALE	WHITE	WIDOWED	DIVORCE	ED 🗆 O	6-26-89		lost birthdoy) 78 yrs.	Months	Doys	Hours	Min.
du	Og. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER 13. FATHER'S NAME					11. B1RTHPLACE (County & State, or foreign country) 12. C				TIZEN OF WHAT OUNTRY? USA		
	THOMAS WHITE											
15						MARGARET SEARS INFORMANT Address						
(Y	(Yes, no, or unknown) (If yes give wor or dates of service) 217-34-0424 RECORDS OF THE EASTERN SHORE STA									E H	OSPI	TAL
	18. CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)					I INTE					RVAL BET	TWEEN
	H221 DUE TO DUE TO											
	Conditions, if ony, which gove) (h) and a character Condition rate, Un 18 mines											
	rise to immediate couse (o), storting the underlying couse (
	lost.	mying couse	(c)									
TION	PART II. OTHER S	HE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AU PERFORM YES T						OPSY IED?				
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED. (Enter noture of injury in	Port I or Por	t II of item 18.)		(1	, <u>, , , , , , , , , , , , , , , , , , </u>	100 IA
MEDICAL	20c. TIME OF INJ Hour o.	URY Month, Doy, Year	20d. IN While at work		20e. PLAC	E OF INJURY (Home, form cry, street, office bldg., etc.)	1, 20f.	(City or town)	(Cou	inty)	1	(Stote)
	21. I certify that (this hospital) attended the deceased fram 7-3 - 1967 to 7-21- 1967, that (1) (6) lass as the deceased glive pp 7-21- 1967, and that death occurred at 1100 PM, from causes and on the date stated obove											
	220. SIGNATURE SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 7 - 21 - 67										7	
	22c. PHYSICIAN'S NAME (Type) EDWARD LEWIS M.D. EASTERN SHORE STATE HOSPITAL											
	EDWARD LEWIS 11.0. EASTERN SHORE STATE HUSPITAL											
23	o. BURIAL, CREMATI		FREOF 1967	PARSON	METERY OR O	(111.	SONSO		(County)	-	itote)
2	4. FUNERAL DIRECT		tomo	ADDRESS	shur	2So. REC'I	L 2 5		EGISTRAR'S SI	GNATUR		
-	1 11 1	14 /1 11	Fair	- 11 100	-001	ANTI- I'M ONLE			,	V	The same of	-

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23c. NAME OF CEMETERY OR CREMATORY

VR A15ME (5) 6M 1/67

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23o. BURIAL, CREMATION,

REMOVAL (Specify)
Burial

1967/Cross Roads Cemetery | Vienr Home Federalsburg, Md. | TSO. RECTO BY REGISTRAR 24. FUNERAL DIRECTOR/from fampleme Framptom Buneral

23b. DATE THEREOF

Ju17 76

Vienna Dorchester Md

23d. LOCATION (City or Town)

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